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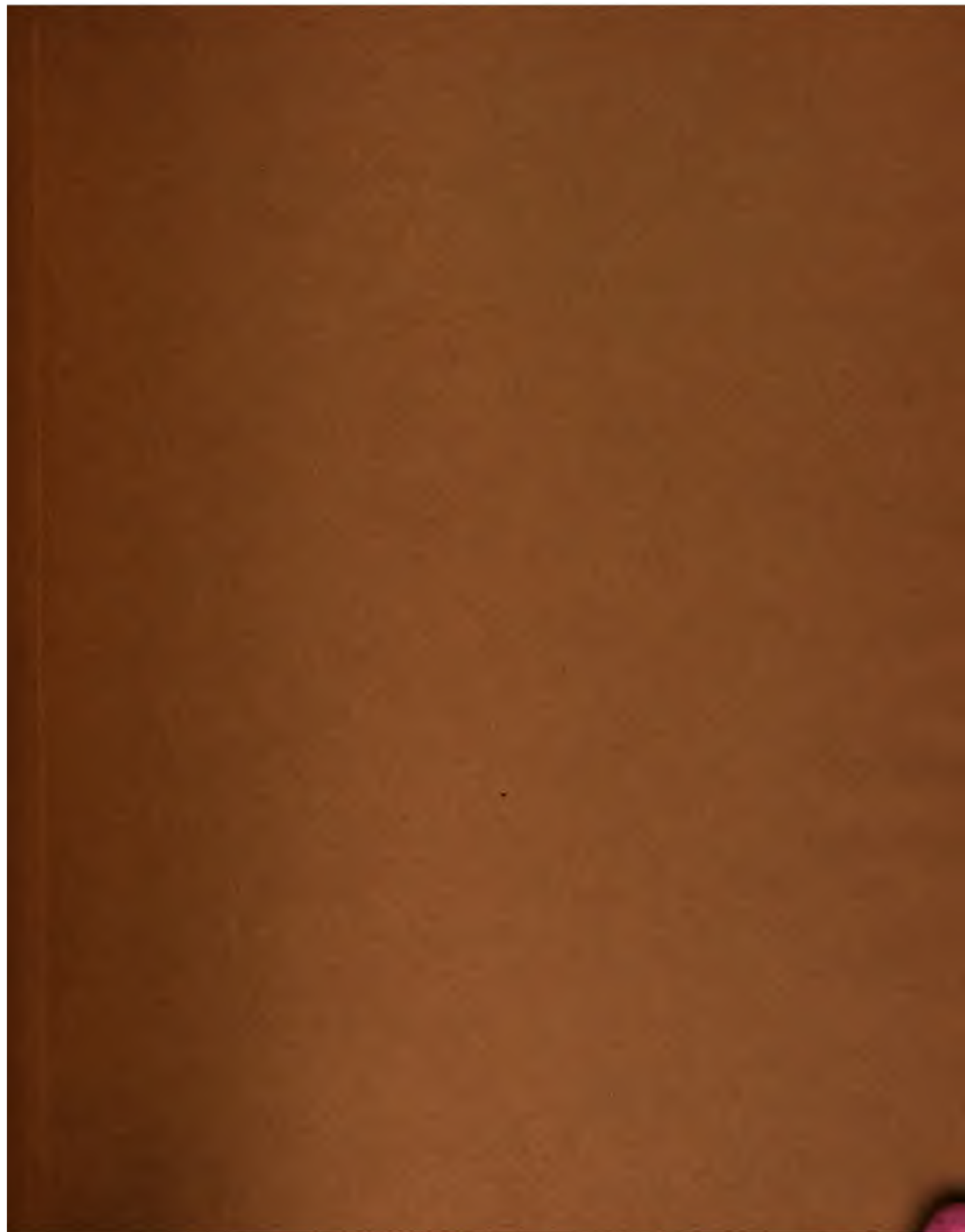
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THE  
AMERICAN  
HOMEOPATHIST

AN EXPONENT OF HOMEOPATHIC MEDICINE

VOLUME XXV

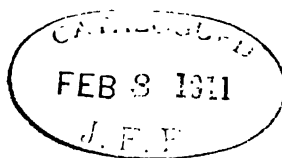
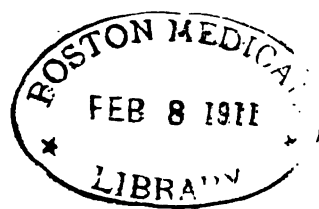
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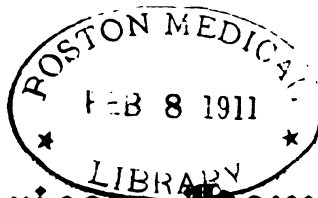
EDITOR: FRANK KRAFT, M. D.

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# The American Homeopathist.

NEW YORK, JANUARY 1, 1899.

FRANK KRAFT, M.D., EDITOR, CLEVELAND, OHIO.

## OUR PORTRAITS.



FRANK C. WALKER, M.D.,  
Taunton, Mass.

## A MODERN INSTANCE.

Is there any lesson to be learned from the following extract from a private letter just received?

. . . I wonder if you would enjoy a little joke that often amuses me nowadays. When I was nearing the close of my senior year, my chum and I began to lay in a supply of books, etc., for our future office. We had heard of the "Organon," and rather thought we ought to have it. However, as so little stress was laid on it at college, we concluded

not to waste money buying it but to borrow it and read it and be through with it. So I tackled Dr. [the-materia-medica-teacher] one day after lecture and he approved of our reading it and said he would look up his copy and bring it to us. Next day he said he could not find it; he had lent it several years before and supposed it had never been returned! We asked three other professors, and none had it; so we concluded it could not be so important. I graduated without ever reading a page in it, or hearing a lecture on it, or a section quoted! Fancy a materia medica man with no "Organon"! I've often wondered if Dr. — has replaced the missing volume yet. Fortunately for me, I came under the influence of a true homeopath when I located. The first book I bought was the "Organon."

Nobody to blame, thank you! But think of the many others of this same graduating class (1893), and of others, earlier and later, who did not fall into the hands of True Disciples of Homeopathy, but fell into the hands of those who had no faith in Homeopathy. What of these? Shall we any longer wonder that it is the newer generation which wants the materia medica cut down so that it may give more time to diagnosis and bugteriology and operations? How many of this correspondent's associate-graduates have practically gone over to the allopaths, first, because the homeopathic college did not teach them Homeopathy; and, second, because their immediate environment after leaving the homeopathic school was allopathic? Who dare cast the first stone at these homeopathic degenerates? Preceptors beware! Look to the colleges! They are fooling you! If you want homeopathy to continue and prosper, send your student to a HOMEOPATHIC school—and there are lots of first-class schools; if you don't care for that but want him to be a good surgeon and gynecologist, why, send him to the best specialty school you can find.

## Materia Medica Miscellany.

References in this department are made by number, as follows: Chironian, 2; Clinique, 3; Haann. Adv., 4; Hahn. Mo., 5; Envoy, 6; Jour. of Obs., 7; Hom. Phy., 8; Hom. Recorder, 9; Hom. Sun, 10; Clin. R. po. ter, 11; Jour. of Hom., 12; Indicator, 13; Century, 14; Counse.or, 15; Era, 16; Visitor, 17; N. E. Med. Gaz., 18; Times, 19; N. A. J. of Hom., 20; Pacific Coast Jcn., 22; Hom. News, 23; Jour. of O., O. and L., 24; Argus, 25; Revue Hom., 26; Arch. fur Hom., 27; Allg. Hom. Zeit., 28; Zeitschrift fur Hom., 29; El Prog. Hom., 30; L'Art Med., 31; L'Hom., 32; Hom. Med., 33; Hom. World, 34; Hom. Review, 35; Jour. Br. Hom. Soc., 36; Foreign Journal, not hom., 37; Am. Jour., not Hom., 38; Indian Hom. R. view, 39; Materia Medica Jour., 40; Minn. Hom. Magazine, 41.

### *Rhus tox.*—A Few Characteristics.

This drug won its spurs in the treatment of rheumatism. It produces violent inflammation of the skin, the mucous membranes of the stomach and the intestines, the serosa, and particularly those of the joints, and acts as a paralyzer of the brain, nerves, spinal cord. Thence one may see that it is also indicated in diseased conditions where life itself is as if paralyzed; for example, in typhoid fever and typhoid states. Characteristics are; In rheumatic pains in the scalp; rush of blood to the head, with a throbbing pain in the occiput, as though the brain would burst. A scaly and scabby eruption upon the head of little children, with violent itching. Herpes zoster of the face. Urticaria-like eruptions. Rheumatism and rheumatic diseases. Stitching and drawing pains in the joints, with redness and swelling. The pains are worse during rest and feel better on slowly moving about (ferr. and pulsat.). Stiffness of the joints with a feeling as if paralyzed, with amelioration by slowly and steadily moving about. In the morning on rising the stiffness is worst. In paralyzed conditions of the limbs that have resulted from rheumatism, as well as in sprains, the tincture of rhus tox. externally, well diluted, has given good results.

Typhoid states, with great weakness, delirium, thirst and stupor, with a blackish tongue. The pains of this drug are worse of nights, on repose and on quickly moving about. Externally, it is diluted with alcohol. water, or olive oil, in the proportion of one to ten.

### *Kali phos.* in Epilepsy.<sup>14</sup>

Patient, forty-two. Disease, epileptic fits. The closing scene of the attack was jerking spasms, lasting him most of the day. He had been afflicted for thirty-five years, and was under the control of his father like a child. He was put under an intercurrent powder of cal-

caria phos., about four grains every day (in the morning), in a little water, and magnesia phos. and kali phos., twelve grains, each in two separate glasses half full of water; to be taken in alternation by sips, taking all of the above in one day. At the end of the month the report was: "My son is so much better, not having more than one fit in a month, and spasms very light." After several months' treatment he wrote as follows: "My son is still taking your medicine, and am in hopes you will effect a cure. The case is of long standing and very obstinate, having had the fits for thirty-five years. Your medicine helps him better than I had anticipated. He is improving so, it looks very encouraging."

### *Ferrum Picricum* in Warty Growths.

Dr. R. T. Cooper, of London, claims the honor of having pointed out the value of this feature ferrum picricum. He proved the drug and noted a feeling as if a wart were growing upon the thumb.

Dr. Cooper tells how he once thought the drug had failed him:

"During the spring of 1897 I treated our housemaid, a girl of some 25 summers, for a crowd of warts on both hands; ferr. picr. 3d dec., was given in repeated doses; then calcaria carb. 200 and 30, then thuj. occid. locally and internally, but to no purpose. I then, after about three months' treatment, gave ferrum picr. 2x instead of the 3d, but still no change. The girl then went away for her holiday, and on her return she showed me triumphantly her hands—the warts had all gone! 'Yes,' said I, 'and the corns on your feet, if you had any, are gone, and you are feeling stronger,' to both of which she gleefully replied in the affirmative. The fact was that for some unaccountable reason the influence of the ferrum picricum did not tell until she left it off, which she had done during the holiday, having neglected to take the bottle with her. I mention this, as with less confidence in this remedy one might be inclined not to give it a full trial. But it is in lupoid warts, pure and simple, that I anticipate a great future for it.

In my "Serious Diseases Saved from Operation" is a grand case of lupoid growth taking the form of a large wart on the face that turned black and finally disappeared altogether under ferrum picricum."

### *Sulphur* for Goitre.

Dr. R. S. Copeland<sup>15</sup> considers sulphur a remedy of inestimable value in the treatment of simple goitre or exophthalmic goitre.

A study of this drug shows its action on the glands, increasing their activity. Palpitation and irritability of the heart are characteristic, and the constitutional symptoms, so common in exophthalmic goitre, call frequent attention to this remedy.

Hirt mentions diarrhea and copious vomiting of watery bile, as symptoms of the disease. Naturally they suggest sulphur, with its bilious vomiting and diarrhea.

The same authority calls attention to the falling out of the hair. Sulphur has that symptom.

Free perspiration is always mentioned in enumerating the symptoms of exophthalmic goitre, and usually accompanies the disease. Sulphur must be thought of here.

The reports of sulphur provings do not mention prominence of the eyes, but this omission does not necessarily disprove the homeopathicity of the remedy to exophthalmic goitre. It is considered unscientific to prescribe upon a single symptom, and it seems to me that the remedies which are credited with exophthalmos lack the other essential symptoms so commonly met in this condition. Therefore, upon the totality of the symptoms, in my experience at least, sulphur has frequently seemed the simillimum.

As a remedy is simple goitre, I believe its homeopathicity has never been denied.

#### ***Diphtheria Antitoxin Homeopathically Indicated.***

Dr. Martin Deschere<sup>20</sup> concludes that antitoxin is one of the remedies frequently indicated in diphtheria according to the law of similars. The doctor says:

If we are confronted by a complication with diphtheritic croup, when a suspicious barking cough, or a fine sawing respiration causes serious apprehensions, we have to confess a weak point in our materia medica. True, kali bich., bromine, merc. cyan., and perhaps some others, have done well in many cases, but here antitoxin seems to come in with really specific effect. It must be administered, however, without delay; for when the laryngeal affection has become firmly established, experience has taught that there is danger in the rapid downward march of the exudation, and a complete obstruction of the entire bronchial ramifications will follow the injection of antitoxin.

The useful sphere for this remedy is in the beginning of the uncomplicated Klebs-Loeffler diphtheria, free from all admixture of other forms of bacteria, where the exudation is abundant from the start, and especially, where

a tendency prevails for the invasion of the respiratory organs. In all other complications, as well as in mixed forms of diphtheria, antitoxin will not only be useless, but it may hasten a fatal termination. For such cases, which occur in abundance, another properly-selected homeopathic remedy will be a much safer guarantee.

The serum being a modified product of the Klebs-Loeffler bacillus, its closer homeopathic relation to the effects of this bacillus in the human organism is evident, hence, its apparent results upon the local manifestations of the disease, and their immediate consequences. On the other hand, its doubtful, and frequently injurious effects upon the diseased vital organs, make it imperative to adhere firmly to our thoroughly tested homeopathic treatment, with its superior individualization.

In due appreciation of the reliable and harmless qualities of the homeopathic remedies, the practical application of the serum will be limited. Let us be watchful of scientific progress, especially with regard to remedies which trespass upon our own domain of therapeutics. At the same time we must not sway from the immutable basis of truth, by following the cry of the masses.

Science is not ruled by majorities. Its decision rests with the experimental test, and verified experience, which have established for us the absolute reliability of the guiding law of cure.

#### ***Negundo for Hemorrhoids.***

Dr. O. S. Laws<sup>21</sup> calls attention to this new drug as follows:

"In botanical language it is known as *Negundium Americanum*. The common name is 'box elder.' It is a native of Kansas. It is a distance relative of the *Acer* family. I had just fairly begun to test its value, when I left Kansas for California, and not finding it here, except as a shade tree on the sidewalks, I can not get any of the root bark, which is the part used. From the short experience I had with it, I conclude it is the best internal remedy we have for hemorrhoids. I have used *calinonia*, and *æsculus* without ever being impressed with their prompt action. But *negundo* goes at it as a *colocynth* does in its specialty, so that the victim who has been writhing with an engorged rectum 'will arise up and call you blessed.' So you see this is not only a single remedy but a 'fundamental' one. The bark of the root of the yearling plants is what I prefer.

"Recent cases of hemorrhoids can be completely cured in this way, and the old hard cases temporarily relieved."

**WE ARE SEVEN.**

One of the most charming, and, at the same time, most pathetic of medical editorials which we have read for some time past, appears in the December number of the "Pacific Coast Journal of Homeopathy," under the inconspicuous title of Editorial Chat. It is, of course, from the gifted pen of our learned brother-editor, Dr. Hugo R. Arndt. Some years ago it was the fashion of our far-eastern contemporary—"The New England Medical Gazette"—to indulge annually in a Christmas reverie, which was always a beautiful bit of yule-log reading and touched the deeps of the tired and homesick doctor. Dr. Arndt sweeps the strings of memory in his Christmas contribution, until they re-echo in the hearts of all who read what he has written. He casts the major part of his Editorial Chat along professional lines, and he limns the pictures with a master hand. All will enjoy this delving for one hour into the things of our professional past, when Homeopathy stood for something to our forbears; when it meant stripes and hard labor, and obloquy, and social ostracism. It will harm no one to rub against the memory of men and things which were causative factors in our present-day standing before the law and the people. We copy from several of the professionally interesting paragraphs:

"Taking up the announcement of a college, a 'homeopathic' medical college, with a life history covering more than thirty years, I ran over its list of faculty members, numbering about a half hundred. Alas! five, six or seven good men constituted the teaching force of the old-time college. No chair of Pathology and Pathological Anatomy; or of Ophthalmology; or of Otology; or of Laryngology; or of Diseases of the Chest; or of Orificial Surgery; or of Diseases of the Skin; or of Electro-Therapeutics; or of Mental Diseases; or on the History of Medicine; or of Cerebral Morphology; or of Sanitary Science; or of Pediatrics; or of Physics; or of Physical Development and Medical Gymnastics; or of Microscopy and Bacteriology; or of Genito-Urinary and Venereal Diseases; or of Physical Diagnosis; or of Embryology, each with an assistant or two, and a number of special lecturers wedged in to make the list complete. There was the chair of Anatomy; of Physiology; of Chemistry (and a small chair at that); of Materia Medica; of Theory and Practice; of Surgery; of Obstetrics—that is all, if

you don't mind a few desultory talks in the direction of Medical Jurisprudence or Dentistry; which were thrown in as a compliment to the class and, like a few dissertations on Phrenology, as an eloquent tribute to the fact that 'the world moves.' And that was the average number of chairs in the average 'better' medical college of thirty years ago.

"... Yet those seven men who filled those seven chairs accomplished what the fifty men of the modern faculty often fail to do. The seven men were not more cultured, no more learned, no more honest, no more self-sacrificing than any of the fifty of to-day; nor, perhaps, were their motives any higher. But they had a tremendous advantage in that each and every one of them was a homeopath—be that what it may—to the very backbone! They had in almost every instance spent a part of their life in old-school practice and had left it in sorrow and disgust; they had found in Homeopathy something tangible, real, worthy of an abiding faith. That faith—right or wrong—had taken full possession of them, and—right or wrong—had become their religion. These men, without an exception, believed in Homeopathy, practiced it to the best of their ability, in all singleness of purpose, and taught it as they best knew without whitewash or modern sham-polish. In this all-important matter the seven were a unit, absolutely, unequivocally. And what is there beyond the attainment of seven men who year after year work to the same purpose?

"... And the effect of this sort of work upon the receptive mind of the student was of a positive character. They learned little—altogether too little—of microscopy and embryology and the official philosophy; but they left college with the absolute proof of unqualified sincerity on the part of seven men—teachers—in the principles of Homeopathy. . . . The impressions received in those early days nothing could ever eradicate. Like the prayer of childhood at the mother's knee, the force of that early, simple-minded, honest, consistent teaching and practice has followed like a benediction, and, thank God! has saved the majority of us older fellows from that agnosticism and general lack of faith which in these days is so conspicuous among the younger and brighter medical men.

"... In this wild scramble for 'truth'

on the part of fifty, or more, professors and instructors who now hamper the life out of the medical student by each setting forth to him, for truth's sake, opinions which are more or less at variance with those of the other forty-nine professors or instructors, and which too often have nothing whatever in common with the essentials of the homeopathic doctrine, the young fellow enters upon practice without faith of any sort in the beneficent action of medicine, selected no matter how nor under what law. He has faith only in the microscope, in crude doses of modern drugs, duly indorsed by German and French authorities, and in the mechanical treatment of diseases. General medicine, which is the true field of action for nine hundred and ninety-nine out of every thousand of us, has no charms for him; nothing short of a specialty can satisfy him. Not that he has anything against general practice; but because he has no faith in the power of medicine to relieve the ailments of mankind; and a specialty, as now understood, runs more directly in the line of local and mechanical treatment. Between the fifty-men faculty and the young specialist, old-time Homeopathy has a hard time of it."

Yes, indeed, she has had and is having a hard time of it. She seems to be between the devil and the deep sea. On the one hand, the college with its fifty-men-and-One-Woman faculty is not teaching the best of Homeopathy—as it does teach the best of surgery, the best of gynecology, the best of anatomy, and the best of the other popular specialties; on the other hand, the preceptors seem dazed and dazzled by the splendor of that long list of titled un-notabilities constituting the blue-and-gold faculty; the many tables of breath-taking operations done; the splendidly equipped laboratories; the unequalled hospital facilities; the aseptic maternities; so that they do not note the absence of Homeopathy—that Homeopathy which gave them to eat, and raiment wherewith to be clothed, and marked them as men and women of worth and character, and members of a profession famous for its successes with the sick.

Ah, those Seven Men—how they toiled and wrought! In season and out! Truly, what *was* beyond the attainment of Seven Men bound together by such unfaltering faith and indomitable purpose! How they builded with blood and treasure the foundations of that grand edifice: Homeopathy! How they looked

forward to Homeopathy like unto a tree overshadowing all medical practices, and all peoples, and all times! Those Seven Men gave their hearts' best blood for nurture of this Tree of Life. They saw it grow and flourish and take on goodly proportions. Those Seven Men had touched the flesh pots of allopathy in the earlier time and knew them to be filled with corruption and dead men's bones. One by one those Seven Men have gone to their eternal rest, believing that Hahnemann's discovery was firmly implanted in the land of its adoption. But alas! and yet, alas! A later generation, which knew not Joseph—the graduates of many of our modernized fifty-men-and-One-Woman faculty colleges, homeopathic (limited)—are already throwing dirt at the classic pile, and hacking at the beautiful tree! Forgive them, Lord; they know not what they do!

The remedy? It is not far to seek. But difficult of application, as some of our colleges are run. Medical schools are for the good of the students who pay their obolus and have rights which the college should be made to respect. They are *not* for the glorification of the Professor, nor even for the earning of dividends on college stock. When a business firm annually discharges its old and trusted employes and puts in their places new and very young men, the purpose must be evident. A very young man raised suddenly to the dizzy height of Professorship is likely to be grateful to those who put him on that pinnacle and in that rarified atmosphere. He can be depended on to sneeze when his "friend" takes snuff; and to bow reverently to the Gessler hat. Talk about politics in the American Institute of Homeopathy! Let us look nearer home. When we see, as does every student of every class, and as might see every preceptor who sends his student to a modern, *scientific* "homeopathic" school, that some of our homeopathic schools are carried in the hip pocket of some one or two men or some "ring"—what can be expected of such institution? So long as the college faculty elects itself and passes upon its own goodness and justice by a majority vote, with no revisory power above or beyond it, just so long will the middle-age form of government obtain. The students have no rights! There is no appeal! And no student, and no class dare think aloud, let alone audible complaint. There is no telling what may take place in that holy-of-holies, the faculty room: There is no telling what personal pique, professional

or neighborhood jealousy may not bring about. When a popular professor may, in his absence, without notice of any kind, without any semblance of a trial, be set upon by his brother professors, charged with high crimes and misdemeanors, and dismissed in disgrace, all at the same meeting—what may not happen to a student or a class of too insistent seniors?

When any one man of such fifty-men-and-One-Woman faculty, trading on the accident of a little passing notoriety or some unusual ability in some one line, makes himself so universally obnoxious to one after another of a business corporation, that one after another of its best members, and the tried and trusted employes are caused to leave, or frozen out, or crowded out, or made to resign,—then that business firm's patrons will presently assume that the one juryman is the "kicker," and that the remaining eleven were the custodians of the truth. When any one professor is able in himself to cause so much dissension in a medical college, that one after another of the teachers are made to drop out, or are dropped out, on various pretexts, and some in such extreme disgust that they desert the homeopathic standard and take matriculation in a neighboring allopathic medical college—then the time has come, in the interests of the profession, to throw that man out! No matter how great his other accomplishments, his professional attainments, or his values as a man and as a citizen. Has the profession already forgotten Ann Arbor with its almost-Waterloo for Homeopathy? Was not the homeopathic principle itself almost razed off that campus, because of the long-continued devilry which had been practiced by certain members of that aforetime faculty? Was not one of its faculty driven into allopathy? One such domineering rule-or-ruin spirit in a faculty (as has been noted in several of our best colleges in the past) will destroy the usefulness of any school in short order. And why? Because when a man and his confederates are able to dictate the teachers, they are also able to dictate the teaching, and to hold the lash over any demonstrating class of seniors. Then that dictator has become a menace to the Peace of the Profession, and should be exiled on St. Helena!

Let us come back to the Seven-Men period of Homeopathy — when Homeopathy was taught as a religion. Let us hark back occasionally, as did Bro. Arndt, and recall the success we had when we didn't know so blamed much

about things that ain't so, but cured our patients and collected our bills. Let us remember that from these seven men—adepts in Homeopathy—sprang ALL our homeopathic literature and text-books. Let us forgive and forget their pardonable ignorance of bacteriology, of antitoxin, of serum therapy, of combination tablets (homeopathic), and remember only that they were seven wise men—homeopaths to the backbone—who believed in homeopathy as a religion, and practiced it in faith and love. Let us feel occasionally, as does Bro. Arndt, that these Seven Men neither lived nor died in vain. Let us clean out the Augean stables—throwing out all manner of unclean things—bastard teaching and quarrel-provoking teachers. Not casting out nor trampling under foot the advances made by the other departments of Medicine, but replacing with steady hand and unflinching courage that pearl of great price: HOMEOPATHY!



### QUESTIONS AND ANSWERS IN MATERIA MEDICA.

Prepared by EDWARD FORNIAS, M.D.,  
Philadelphia, Pa.

When is *caulophyllum* indicated in labor?

When there is an extreme rigidity of the os (gels.); severe spasmodic pains without progress; false pains; or in threatened abortion from lack of tonicity of the uterus. (With *apis*, *puls.*, *aletris*, and *sulph.* forms a valuable group for predisposition to abort.)

When is *caulophyllum* indicated after labor?

When there is hemorrhage after a hasty labor; uterus lacks tone, and contracts feebly. Long-continued, bloody lochia; patient greatly exhausted.

Give the collapse of *carbo veg.*

Cold sweat, cold breath, cold tongue, voice extinguished, almost imperceptible pulse and extreme pallor or cyanotic color of face. (In *cholera Asiatica* and *typhoids*.)

Give the flatulence of *carbo veg.*

Abdomen full to bursting, with escape of wind, principally upwards (*lyco.*, downwards); burning risings (*ars.*), and eructations tasting like rotten eggs.

Give stools of *carbo veg.*

Frequent, involuntary, putrid, cadaverous-smelling stools, followed by burning in anus, and trembling weakness.



Give the indications for intermittent fever in *eupatorium perfoliatum*.

The chill commences about 7 to 9 p. m. one day, and at noon the next. *With the chill* violent bone pains, backache, gaping, stretching, throbbing headache; bitter vomiting at the close of the chill. Better from drinking. *During heat* increase of headache; moaning; "a swallow of water makes him shiver." *During apyrexia* jaundiced skin, great weakness; slight chill and profuse sweat, or shaking chill and little or no sweat.

Give uterine symptoms of *crocus*.

Sensation as if something alive were rolling around the abdomen.

Give the metrorrhagia of *crocus*.

Blood very black and stringy, and in clots. After straining or lifting; better from motion. Abortion.

Give the indications of *croton tig.* in troubles of the *mammæ*.

Excruciating pain runs from breast to the corresponding scapula, when the child draws on the nipple.

Give the diarrhea of *croton tig.*

Sudden, forcible stool, followed by great prostration (*ars.*); with or without colic, especially in children immediately after nursing.

Give the sea-sickness of *cocculus*.

Nausea and vomiting with depression of spirits, worse by riding or motion of a boat. Vertigo, increased by sitting up in bed, or by motion of a carriage.

Give the insomnia of *coffea*.

Wide awake; mental faculties and senses very active; wakefulness at night. Nervousness and ideas prevent sleep.

Give headache of *coffea*.

As if a nail were driven into the brain (*ign.*), or as if the brain were torn to pieces. Also from unusual activity of mental faculties.

When is *coffea* especially indicated?

In the nervousness and insomnia of children during dentition.

When is *cicuta virosa* indicated in convulsions?

In puerperal or other fevers when the patient is suddenly thrown into queer contortions of upper part of body, with frequent interruption of breathing for a few moments. (Also in chorea.)

When is *cicuta* indicated in cerebro-spinal meningitis?

When there is dysphagia, irregular respiration and violent convulsions followed by marked cessation of breathing.

When is *ruta graveolens* indicated in injuries?

In bruises or other mechanical injuries to bones and periosteum.

When is *ruta* indicated in rheumatism?

In rheumatism of the wrists. Wrists feel as if sprained; stiff; in wet, cold weather.

When is *ruta* indicated in eye troubles?

When the eyes ache and feel strained from fine sewing or reading, particularly by gas light.

Give the night cough of children in *sambucus*.

Paroxysmal, suffocative cough, coming on about midnight, with crying or dyspnea. Hands and face turn blue.

Give the coryza of *sambucus*.

Dry, with stopped up nose. Child has difficulty in breathing. Sniffles.

Give the chill or intermittent fever of *eupatorium purp.*

Chill every other day or at different times of the day; preceded by bone pains in the arms and legs. No thirst, or thirst for acid drinks (bell., lemonade). Nausea as the chill leaves. Heat, long lasting, much thirst, bone pains and hunger as the heat is passing off. During sweat, chilly when changing position. During apyrexia, vertigo.

Give headache of *glonoine*.

Terrible, crushing, sinking headache, both on stooping, especially in sunstroke, with slow and irregular pulse; rapid palpitations with a purring noise in the region of the heart.

Give the skin symptoms of *graphites*.

Eruptions; oozing out a thick, honey-like fluid, especially behind the ears. Unhealthy skin; every injury suppurates and throws out this sticky fluid. (Tinea and eczema capitis in children.)

Give indications of *graphites* in old cicatrices.

Old cicatrices from former ulcerations with burning and tingling pain.

Give ear symptoms of *graphites*.

Ringing in the ears, better when riding on a car, or during noises.

In what kind of paralysis is causticum especially indicated?

In paralysis of the laryngeal muscles with sudden loss of voice (aphonia). In partial paralysis of the neck of the bladder with involuntary discharge of urine while coughing. And in paralysis and heaviness of upper eye lids (ptosis).

Give the cough of causticum.

Cough with inability to get down low enough to raise mucus, and dribbling of urine; cold water amel.



### PARALYSIS.

W. H. KIRKLAND, M.D.,  
Massillon, Ohio.

As a text for discussion, the following typical case, necessarily resulting fatally, is submitted:

T. H., age 65, weight 210, had enjoyed good health for twenty years, excepting occasional slight indisposition. He retired as well as usual; during the night the shock occurred, an unusual sensation caused him to start up; trying to spring out of bed, he fell to the floor, struggled to his feet, and, falling again, when his condition became apparent to himself. On examination, found complete paralysis of left side. So profound was the condition that the right hand could not find the paralyzed member of opposite side for several days, or only by placing his right hand on sensitive portion of the face and following contour along the arm. Neither sensation nor motion ever returned excepting in a slight degree. After several months he succeeded in walking slowly and with great care.

I wish to call your attention to some features of this case. First, his age; second, his weight; third, the fact of having been a generous liver for many years, with uniformly good health. After summing up all the data at my command, I tried to formulate some plan by which to prolong the life and secure the comfort of my friend. Having done so, I imparted to his family my method and my reasons for the same, assuring them of the ultimate result, and that nothing but palliation and postponement was possible in the case. Also that dietary was more to be depended on than therapy. I first explained that in order to ward off succeeding aggravations, or so-called second strokes, it would be necessary to make an exact study of foods most easily

assimilated, so as to require as little as possible of the digestive processes.

It is said every dollar's worth of gold costs a dollar's worth of labor in some form; so, too, every unit of heat or building-tissue derived from the ingestion of food costs as much energy on the part of the individual economy as the sum total of the food assimilated, in fact, more for the body with all its fostering and accretion of energy from outside sources, finally wears itself out in the endeavor to rehabilitate itself and the individual dies for want of a perpetual-motion-adjustment of all its varied functions. "A one-horse shay" achievement is as much as the best balanced human organization has ever attained to.

My theory in the treatment of the case was simply this: that the well nourished body should be compelled to contribute to its own preservation by such an amount of food given daily as would amount to a very little less than would balance waste and repair. That the end of each succeeding week should find that the patient had decreased a little in weight. That a constant decrease, if ever so slight, would be an efficient factor in prolonging life. This regime was, as a rule, faithfully carried out. There were occasions when the importunities of the patient or of solicitous friends resulted in an increase of food and a certain aggravation of all the conditions invariably followed. If the food given increased the blood supply by ever so little, the speech thickened. Motion more impeded and functional abeyance were the certain results. Many expedients were resorted to, but the invariable result was to find us struggling back to our original formula of allowing the waste to slightly exceed the repair. After many months of anxious care and painstaking experiments the plan was adhered to and the fact of no "second stroke" was a source of gratification. The loss in weight was gradual; from two hundred and ten pounds to much less than one hundred at time of death (which occurred twenty-five months after the attack). There was little suffering, physical or mental; simply exhaustion closed the case.

The therapy in the case consisted in the use of a few remedies. For months three remedies were used: arsen, 200, acting almost wholly in the vegetative sphere; belladonna, 200, which if a single instance of overfeeding, as measured by the scale of constant loss, had occurred, its effects were registered in the increase of pressure within the brain. Rhus, tox. 200, was an efficient

remedy following the belladonna in restoring tone to the overstrained vessels, by its action on the muscular tissue of the cerebral vessels.

As to the pathological conditions in this case it is my opinion that there was no rupture of a vessel within the brain; were this the case, there would have resulted an apoplexy in which a fatal termination would soon have resulted.

The condition was the result of a tension or strain on the cerebral vessel, sufficient to cause the rupture of inner coats of the artery with an expansion of the external sufficient to cause the pressure that induced the paralysis. This was verified by the frequent aggravations, the result of overfeeding, causing an increase of blood pressure in the vessel, the increasing blood pressure causing a re-expansion of vessel at original point of pressure. Reabsorption relieved the pressure and a train of symptoms would indicate the removal of the pressure. Another cause of aggravation was doubtless due to an accumulation of serum around the vessel after the blood pressure subsided, due to pressure and a subacute inflammation which would follow. This serum, however small in amount, would absorb more slowly than the blood in the vessel and a slower subsidence of symptoms was the result.

A case illustrative of opposite results as to time of fatality was that of my friend Dr. Ridenour, of Massillon. When stricken he was speechless from its incipency. The Cheyne-Stokes respiration very marked. A counsel of a number of his professional brethren decided on venous depletion as best to give temporary relief. Free venesection palliated the stupor and he rallied from seeming speedy death. At each cycle of the Cheyne-Stokes respiration, he would throw himself from right to left, or the reverse. This continued constantly until the fifteenth day, when his splendid physique succumbed after a week's unconsciousness.

A third case illustrative of similia's power by way of prophylaxis and I shall not farther tax your patience.

Mrs. B., of your city, age 32, sangiune temperament, well nourished, for one year had been troubled with peculiar drawing sensations in hands and arms, at times amounting to painful sensations. The shoulders were somewhat involved, but the most severe symptoms were referable to the head. Vertigo, constant pain in cerebellum, inability to lie with head upon pillow any length of time, with aggravation of symptoms; congestion to head with constant pain of varying character, from fullness to sharp, aching pain. Any unusual

exertion increased these conditions. Impairment of memory; inability to think; or continuous effort at reading also aggravated. A first consultation left me in ignorance of the primary cause of this condition, which I considered that of incipient paralysis, with a catastrophe in the near future. The family history was carefully scanned, but little light was thereby thrown on the case. A second consultation elicited the history of a journey across the continent; of scenes visited and of recreations enjoyed, especially on the lovely beach of a famous resort. Among the pastimes was that of securing a beautiful specimen of seashell, with its gorgeous colorings, and the effort to make the outer rough surface rival the inner shadings by dint of rasping, filing, polishing the refractory outer covering. This required many hours of faithful labor. All this had been accomplished by Mrs. B., and she consoled herself for aching arms, back and head and excessively wearied hands with the beauty of the specimen ready for a proper bracket. After the physical cost had apparently passed away, the initial symptoms of our case, slight at first, but constantly increasing, became so urgent that relief must be obtained. After above history I no longer doubted in reference to diagnosis. Its proper treatment was not easier than the diagnosis; after properly "taking the case" the choice of remedies was limited to a very few. I gave, according to indications, arsen. 200, with belladonna, 200, as an intercurrent remedy; while rhus. 200, was a faithful coadjutant of that great conservator of the vegetative sphere in all physiological functions—arsen. I have spoken of potencies in the management of the first case. In this the experience was still more varied. Naturally missing with a prescription or two by not taking whole case, I then gave the successful remedies in the two hundredth potencies. Two of the prescriptions showed marked improvement, but stopped far short of a satisfactory termination. The rule of the Master was followed, and arsen. 40 m. supplemented with bell. 40 m. and rhus 10 m. soon rendered any farther medication unnecessary.

As to potencies in the treatment of paralysis, I believe that as a rule the high potencies are preferable. Galvanism has its uses, principally, I think, in restoring tone to muscular tissue. The most that can be accomplished, after the initial lesion, is to conserve all vital function that remains and ward off as much as possible the tendency to a recurrence of the pressure at the seat of the primary lesion.

P.S.—The diet in the cases of paralysis con-

sisted of such preparations of beef as liquid peptonoids, milk, malted milk; various preparations of eggs most readily assimilated. In fact those forms of food in which the amount of nourishment can be most easily regulated, as everything depends on the amount of blood supplied to the brain. Excess in feeding was always followed by an aggravation of paralytic conditions.

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**Medical Education.**

**Dr. Biggar's View.**

The movement started recently by the Northeastern Ohio Homeopathic Medical Society toward bringing about reforms in the medical profession in Ohio, is attracting much attention, not only among physicians, but with other professional men as well. . . . Dr. H. F. Biggar, who has long been known as an advocate of radical reform measures, and who is one of the chief promoters of the new movement, was interviewed yesterday and asked to explain the details. He said:

"There is great need of reform in the standard of medical students, physicians, and medical colleges. It is said that 50 per cent of graduated physicians never enter into the practice of the profession. That is because there are too many physicians graduated, and the majority of them locate in the cities, and will not practice in the country districts. I don't know that I blame them, for there are so many social advantages and advantages of medical societies. The profession, however, is over-stocked, and the standard of students is not what it should be.

"There should be fewer and better medical colleges. There is great competition and strife between our medical institutions which leads to contemptible practices in their efforts to gain students from each other and also to injure rival institutions. Here is an editorial from the leading medical journal of the United States which evidently refers to the colleges in Philadelphia, the center of medical learning. However, the same practices are in vogue pretty generally over the country and right here in Cleveland. It is a sad reflection on the profession. The desire is not so much to educate students thoroughly in medicine as to get as many students as possible and graduate them. I have known of men who have never studied medicine at all, who, after attending a six-months course of lectures in a local col-

lege, were given diplomas to practice. Then, too, students who have taken the full medical course, but woefully deficient in their studies and not at all fitted to practice, very often are given diplomas by the faculty of a college because of a feeling of sympathy. Then again, young men who totally lack education and necessary qualifications are permitted to enter a medical college. Is it any wonder that the profession is becoming lowered and over-stocked, when these things are considered?

"In the first place, we want a law establishing a common curriculum of study for all medical colleges in the State, except on such subjects as refer to teachings of theory and practice and materia medica of the different systems of medicine. Then we want the law to provide for a State board to examine all candidates for matriculation in medicine, a certificate of successful examination from such board to permit the candidates to enter any medical college which may be elected by him.

"When the candidates so passed have successfully completed the full four years' course of any college, they are to be granted a certificate showing that they have completed the course successfully. The graduates are not to be permitted to practice medicine until they successfully pass final examinations before the State medical board or State medical college, if it is adopted, and granted licenses.

"We believe the State examining board and the State medical board should be composed of examiners in no way connected with medical colleges, and that some of the examiners should be from the laity, in order that candidates for examination should be examined on literary and scientific subjects to some extent, as well as to general fitness. If this plan is adopted, an era of permanent advancement of medical education will be the result."

**Cleveland Leader.**

[The above gives a mere outline of Dr. Biggar's proposed innovation; but it is enough to show that he is a vigorous opponent of current customs in college corporations; and that if his ideas prevail—and they must prevail if we, as a school, are to survive—there will be less hypocrisy in the faculties and more honest and competent men in the chairs and in annual graduating classes. Dr. Biggar almost paraphrases a statement of Dr. E. H. Porter made some years ago to the effect that what the profession needed was more difficulty to get into a medical college, and less to get out.]

**Collecting Bills****By Medical Men.**

Business men usually send a bill with goods when they are delivered, or soon after, and a statement of account on the first of the following month and each month thereafter until the bill is paid. They expect to receive bills for what they owe in the same way. It is romantic nonsense for doctors to suppose that intelligent people will be offended if they send a bill within a year. You will no doubt find exceptions, but can you afford to sacrifice one-quarter or one-half of what you can collect by acting promptly like a business man, for the sake of the good will of such unreasonable persons? The doctor who arrives at a general conclusion that because exceptional individuals are offended by bills within a year, all his patients will be, is very illogical. His mind would not act so in professional matters. He would not say that because one man swallowed a fish-bone "without hearing from it," all men could do the same. You cannot escape the criticism of cranks, if you try. Wait a year and some will forget how serious their illness was and so will refuse to settle unless the bill is reduced; send your bill while the patient is still pale and keenly conscious of the seriousness of his sickness and you will be criticised for not giving him more time to "get on his feet again" in business. You must steer between Scylla and Charybdis. Many doctors think that by sending bills soon after patients recover they will give offense and cause them to select another physician the next time they are ill. But is it not equally true that if they wait long before sending bills you will find that some men by reverses of fortune or lack of thrift have become unable to pay their bills and are so ashamed of themselves for allowing them to remain so long unpaid that they will seek medical advice elsewhere?

**Medical Examiner.**

[Very well stated. But is it practical? If custom makes the law, then the sending out of bills by the medical profession, like the grocery man or the dry goods establishment, is far from being universally adopted. The mistake, it seems to us, in the article quoted, is that the writer puts the profession on a par with a trade. It is all well enough to say that doctors work for bread and butter—which is, of course, true; but if that were all, if they were simply sordid hucksters for fortune, the

laity would very speedily have naught to do with them as a body. There is something nobler in this life than money! It would be manifestly the most unbusinesslike and wholly impracticable thing a young or a new practitioner, residing in a district with many old practitioners, could do to send out his bills monthly with a red imprint, "Please Remit." The laity does not expect it, and when it is done resents it. The old doctors have never done so and do not do so now. Business precepts read prettily; but business precepts—trade precepts—applied to professional labors are in the main futile. Here again the medical side of the profession is at a terrible disadvantage. The surgeons and specialists in that they work in mechanics and blood impress the ignorant laity with the wonderful performance; but your ordinary family physician, who does not dabble in blood and gore and horrors, has nothing to show for his thought and labor, except the restored patient—but that is rarely accredited to his labors. If physicians would stand together on fee bill as well as ethics, the collection of bills would soon cease to be, what it is, the most disagreeable part of professional life.]

**More Homeopathy****In Our Colleges.**

The demands upon our colleges are each day growing greater. They must compete with first-class allopathic colleges and do just as good work all along the various lines of medicine and the collateral sciences—but more than this, and here is the whole thing in a nutshell, they must teach more homeopathy and less of the something else that they have been so largely doing the past few years. Let us have more homeopathy and less bacteriology. Let us have more homeopathy and less talk about reflexes. Let us cease to follow after and teach the fads of old school medicine to the exclusion of homeopathic teachings. If we have homeopathic colleges they should teach homeopathy or their existence is useless.

**Medical Century.**

[Apples of gold in pictures of silver! Yea, verily. But how shall it—nay, how can it be done, Brother of the Century? Look about you at the colleges and mark the fatal indifference to that very thing you so eloquently espouse. Count the chairs, some time, and note the preponderance, two to one, nay, in even yet greater proportion, of the mechanical (allo-

pathic) departments over the therapeutical. How is the correction to be applied? Never from within the college! It must be from the outside. We must begin with those who furnish the grist to the college hopper. The preceptors! If these latter, having themselves risen to financial ease and therapeutic success on the good old-fashioned Homeopathy—if these men cannot be made to see the folly of sending their students to hermaphroditic colleges, in the hope that they may be returned to them as good homeopaths, then, indeed, is the school lost! This jeremiad applies not to all the colleges, for, praise be to God, we have many good, first-class homeopathic colleges; it does apply to those who are a mockery and a sham, who are notoriously receiving money under false pretenses. Mechanical specialties, the ticketing of microbic specimens, the teaching of every new fad which flits across the horizon medical and surgical is not so bad; but that which is bad, so bad that it requires a profane adjective to express it properly, is that Homeopathy is not taught in any chair! Will the preceptors ever really appreciate that a materia medica lecture every hour of the day for three annual medical sessions will not make the student a homeopath? They simply fill a student's books with remedies—or, rather, with innumerable symptoms: so many that in desperation he reaches out to the simpler therapeutics of the allopaths.]

#### ***New Officers should make Committee Appointments.***

It seems an unfortunate arrangement for the retiring president to make the committee and sectionable appointments for the ensuing year. The president is vitally interested in the meeting over which he presides, yet he has nothing to do in calling into existence the very factors that make and unmake a meeting. His good judgment in these matters all rebound to his successor in office. It is possible for a retiring president under this mode of procedure to stultify the work of his successor. It is the newly elected official who is anxious to make his work tell, not the retiring one. The former works with the promptings of ambitions to make his mark in the success of the meeting over which he is to preside; the latter has passed the period when he is to achieve anything of future success, and in nine cases out of ten he has nothing more to expect than the gratitude of friends rewarded. He may consult the president-elect, but he is not obliged to do so. The same rule obtains in a number

of state societies to their detriment. It is a rule that has no reasonable excuse for its existence.

#### ***Medical Arena.***

[This is certainly logical. We remember when Dr. James A. Campbell, retiring president of the Missouri Institute of Homeopathy, announced that he would permit his successor—the president-elect—to appoint his committees and chairmen, giving the reasons as now quoted by our contemporary. For instance, Dr. Bailey, president, a far western man, goes to meet his office on the farthestmost eastern shore of this country. All the machinery to run his "machine" has been set in motion by his predecessor. Dr. Bailey has had nothing to say about the place of meeting or the appointing of committees, etc. And yet the Atlantic City meeting will be referred to as Dr. Bailey's Institute, and he will be held accountable for its proper and successful handling. Doesn't this seem illogical?

We all know how it worked at Newport. The western-elected president was sent to the extreme eastern seaboard with both hands tied, and when he reached there—but this is ancient history now. Can we not change matters a trifle without too sharply reversing the precedents of the Institute?]

#### ***Potency Question.***

##### ***Who should teach it?***

It is a mistake to imagine one is a homeopathist because he graduated at a college, the diploma of which has the word "Homeopathic" on it or the name of any of the illustrious pioneers of the school, for it requires more than a diploma to make a homeopathic physician. It is a mistake to imagine one is a homeopath because he only gives a single dose of a very high potency and calmly waits for weeks to secure results, for homeopathy consists in something more than a high dilution given once a month. We should learn this by experience. Homeopathy is the art of prescribing a remedy to relieve a set of symptoms similar to those it will produce, and it is nothing more nor nothing less. The question of potency has nothing whatever to do with proving a practitioner a homeopath or any other "opath." This will be gathered by experience if one will only observe as he goes through life.—Editorial.

#### ***Medical Visitor.***

[Just by way of diversion, and not in a spirit

of fault-finding—for the clipping freely emphasizes our ofttime repeated opinion on this question—we would like to know how Editor Smith learned to use the potencies he does use in his practice? Ought there not, therefore, to be some one in the college to teach the student what power, or dilution, or potency of aconite to use when aconite is clearly indicated? Yes? Of course there should. The old school and the eclectics do so. Very well, then, if it should be taught, and some extra courageous homeopathic professor undertakes to teach it, what answer will he give when asked why he gives THAT particular potency, and not another higher or lower? Why does HE use that particular potency? His experience! Good answer. But suppose that professor is a graduate of the year before last's early spring crop—and in his class are elderly men who practiced homeopathic medicine before the said aforesaid professor had finished cultivating colonies in raw potatoes, or investigating ALL the mysteries of medicine and surgery with one eye, through the tube of a microscope, then what? Suppose farther that these students—ex-practitioners (who have come up out of the woods to get the latest polish—and a legal diploma) and the youngsters, have been taught to alternate, and mix, and use combination tablets, how will the professor convince these students of their unhomeopathicity? Honest Homeopathy is having a fight to the death. Its worst foes are in its own household; they are clad on with a little brief authority in college chairs. They mumble and they stumble through a perfunctory hour or so each week READING ancient manuscript to a present-day class. Every other department of a medical college is brought up sharp and clear to date. But as for homeopathy—paugh, an ounce of civet, good Mr. Apothecary.]

### THE AMERICAN INSTITUTE AT ATLANTIC CITY.

It is not too early to call attention to the coming meeting of the American Institute of Homeopathy, to be held in Atlantic City next June. This meeting promises to be a very enjoyable one, if the work that is now being done by the local committee counts for anything. At Buffalo, when they asked for the meeting for '98, they promised to furnish finer rooms for the sectional meetings than the Institute had ever had, and it looks now as if the promise would be kept. The place of meeting

selected overlooks the ocean and will be delightfully cool and pleasant. In June Atlantic City is delightful, and the time of meeting will be before the rush of summer visitors comes. Atlantic City's large hotels are first-class, and all of the smaller ones selected by the committee will give satisfactory entertainment. The secretary's announcement will contain a list of these with rate of board. Do not forget to make a note on your new calendar, that in June you are going to Atlantic City, the exact date you can add later when the announcement is made.

### JOSEPH SIDNEY MITCHELL.

Oh, man of upright life, whose every act  
Was pure! With thee a thousand hearts  
Lie buried. Our faith, our love,  
Were all with thee, and in thy brave career  
Thy comrades saw the promise bright  
Of Hope's fruition. Thy colleagues mourn  
thy loss,  
And in their hearts thy memory dear  
Is deep enshrined. And yet, to us,  
Thou art not dead. Thy noble life  
A thousand lives inspires to  
Nobler deeds. The youth thou'st taught,  
However poor, to strive for  
Honors high. Thou'st taught us all  
The way to live, and taught us how to die.  
—Ch. Gatchell.

### AS TO APHORISMS.

With no intention of ridiculing Kent's "Aphorisms and Precepts" (Dr. Kent was our college preceptor, and we are under lasting obligations to him for a good homeopathic foundation), we must say that such of them as are being published exclusively in The Hahnemannian Advocate do not possess either originality or clearness of thought. For instance: "It is unthinkable to speak of motion or Force without a simple, primitive substance. Force, or action of a nothing, is unthinkable." Again: "There is at the present time a continual discussion of Force as having prior to it Energy, with nothing behind it. This is confusion." Indeed it is. What would be more confusing than a Force or Energy with no behind to it? It is in verity unthinkable. There must be two sides to everything that is thinkable, a front side and the other side, else it would be an unthinkable nothing. If we didn't remember our old professor as a man of good, hard practical sense in matters of life as well

as in therapeutics, we would be tempted to believe that his residence in Philadelphia—in consonance with current belief that all Philadelphians are sleepy—had caused him to give way to day dreaming. These aphorisms may be sparkling diamonds set in richest gold; but we fail to see their applicability to anything either thinkable or unthinkable. Solomon didn't enter the aphorism field until pepper ceased to be hot in his mouth, and it required a virgin of tender years and tender experience to lie in his bosom o' nights to warm him up. Has Prof. Kent reached the sear and melancholy time, and is he now engaged in retrospection as well as introspection? If a patient came to him with these symptoms, what would he prescribe for him?

### Correspondence,

Editor HOMEOPATHIST:—I have just read in your December 1st number the indications for sulphur in hemorrhoids as outlined by Dr. H. C. Allen; worse from standing and walking; worse after stool; better sitting and after hot water enemals.

I would like to ask the busy men of our profession how many cases of hemorrhoids they have met with that did not present exactly these same features? Are not these symptoms the very diagnosis of the case? Without them a case of hemorrhoids would hardly stand trial before jury. I have always considered them indispensable generalities, rather than characterizing individualities.

It would be of interest and profit to the profession should Dr. Allen enumerate the remedies in our materia medica which are indicated in hemorrhoids that are *not* worse when standing and after stool, and which are *not* relieved by sitting and hot water enemals. I venture such would be far more hypothetical than of practical application to the pathology of the case.

Apropos—I would like to ask for the indicated remedy in a complaint of my own. I have recently had several (three, to make the case complete) small furuncles on my neck, the three most striking features of which were—location invariably where the collar reached them to best advantage; increased soreness from irritation of collar; sharp, cutting pain from point of bistoury when lanced. Will Dr Allen kindly name the remedy which will prevent recurrence, or at least locate the pesky things at some less exposed point.

ALLISON CLOKEY, M.D.

December 15, 1898.

REPLY:—The symptoms of the case of hemorrhoids were diagnostic, not therapeutic, but they were all that were given. For this reason it was difficult to cure. The doctor prescribed for hemorrhoids when he should have prescribed for the patient. The case was badly taken.

But Dr. Clokey's furuncles are of the same character, symptoms wholly diagnostic and consequently almost valueless for purposes therapeutic. The symptoms are those of furuncles on every patient, while the law demands for the purpose of cure-eradication—those peculiar to Dr. Clokey and no one else.

Reference to Dr. Guernsey's admirable little work, "Homeopathic Therapeutic of Hemorrhoids" gives the following:

Standing, worse from, caust., ign., nit. ac.

Stool, better after, canth., caust., clem.

Sitting, better from, ars., lach.

Sitting, worse from, am. m., ars., berb., cal., can. s., caust., sycl., euphr., graph., ign., kali bi., lyc., phos., phos. ac., physos., ruta., staph., sulph., therid., thuja.

H. C. ALLEN, M.D.

Chicago, Dec. 20, 1898.

Editor AMERICAN HOMEOPATHIST:

I would like to voice some of the statements of W. E. Schoonover, M.D., as contained in one of your former issues. After more than twenty years in the practice of surgery, I am more convinced than ever of the efficacy of homeopathic remedies in many surgical diseases; I consider my remedy as well as my mode of operation in the vast number of my cases; it seems to me that as a rule surgical symptoms are clean cut, and I think one of the purest methods of prescribing. I know that asepsis, antiseptis, and Nature, will accomplish the same result, but I am certain that a surgeon who has the advantage of homeopathic materia medica, has a decided advantage over the one who is not so fortunate; all I ask is a fair test, and I am willing to stand by the result. Fraternally yours,

ORANDO S. RITCH, M.D.

Brooklyn, N. Y.

### Globules.

Pretty soon the Antikamnia Chemical Co. will give this journal's readers something more in proportion and perspective than the very short church with the over large steeple and the monstrously large owl. Whoever heard of an owl standing as an emblem of sleepiness? Have you seen their beautiful new calendar?



A tea made from peach leaves is said to be invaluable in the vomiting of pregnancy.

Dr. A. W. Bailey is chairman of the Local Committee at Atlantic City, N. J., having charge of the preparations for housing and entertaining the American Institute of Homeopathy this coming June.

Every graduate is requested to send his name and present address to the corresponding secretary of the Alumni Association in order that the new list of all graduates may be complete. EDWIN S. MUNSON, Cor. Sec., 16 West 45th Street, New York.

Dr. M. O. Terry, of Utica, N. Y., declares that appendicitis can be cured, and one of his main dependencies for doing it is the constant application of flax-seed poultices soaked in sweet oil. "The Syracuse Clinic" publishes a fine portrait of General Terry.

The newspaper account recently published in this city detailing the visit of the homeopathic class to the faculty asking for our return is faulty, (1) in that it imports us from the Ann Arbor University, which is not true; (2) in making Dr. Baxter our successor, which is not true, because we were dropped from the faculty—for cause—without notification or trial.

The "Palmar Arch," of Cleveland, despite the severe censure given it by the "Medical Censure"-y folks, thrives and grows apace. Whatever it does in the way of papers, is for the unmistakable benefit of the craft, and not solely for the advertisement of some professor. Its latest is a series of questions addressed to the profession looking to the elevating of the standard.

The Toledo "Blade" reporter, speaking of Dr. H. F. Biggar's speech before the Northwestern Homeopathic Society, held at Toledo, Dec. 6th, says: "I got there just in time to hear Dr. Biggar, of Cleveland, make his speech. You will be surprised to know that I became so interested that I set out the entire speech. I think Dr. Biggar one of the best talkers I ever listened to, and although his short lecture was full of technical terms, he made it most interesting to me, a layman. It seemed to me there was nothing he did not know about the anatomy of the human body, and his dignified presence and suave address made a great impression on me."

The Indianapolis "Sentinel" gives a very complimentary account of the reading before the Indianapolis Homeopathic Society of his paper on "Shakespeare in Medicine," by Dr. W. B. Clarke.

Dr. Edwin Miner, sixty years old, died at his home, in Brooklyn, last month. Dr. Miner was for many years chief of staff of the Homeopathic Hospital in Brooklyn. He was ill only a few days. A widow and children survive him.

Until it shall be brought about that the Materia Medica teacher can go before his class with a pocket full of ovaries to advertise his specialty and bid for new cases, he will be naught but a back number, tolerated only because of the word "Homeopathy" over the college door.

Dr. J. J. Taylor, editor of "The Medical Council," Philadelphia, has sent us as a Christmas present "The National Anatomical Aid," a manikin of superposed colored plates of the human body. It possesses the rare merit of being small, compact, well-arranged, and inexpensive. It makes a handy thing to have at hand when explaining to a patient the seat of trouble. It is a most appropriate gift to any physician.

"Comparative Strength of Tinctures," a reprint from the "Hahnemannian Monthly," and by Dr. J. Wilkinson Clapp, M.D., Boston, Mass., is upon our table. Also five reprints from various journals by our distinguished brother and surgeon, D. Wm. B. Van Lennep, of Philadelphia, entitled: "A Plea for Early Operation in Mammary Tumors;" "An Unusual Case of Abdominal Hemorrhage;" "Three Cases of Bladder Tumor;" "Femoral Hernia;" "Amputation at the Hip Joint."

Among the newer antiseptic agents with which chemistry has enriched medicine there are none of greater value than nosophen and its salts, antinosine and eudoxine. In minor surgery, and in gynecological and obstetrical practice as well as in the treatment of venereal disease, nosophen and antinosine we find to be the most satisfactory antiseptics that we have ever used, giving as good or better results than iodoform, while lacking the unpleasant odor which is so objectionable in the latter substance.

As nosophen is not all toxic in its effects it can be employed freely without fear of unto-

ward effects and administered internally where the antisepsis of the intestinal tract is desired. In chronic catarrh of the intestines, nausea and vomiting of pregnancy, follicular enteritis, etc., eudoxine (bismuth salt of nosophene), is a most valuable remedy covering a field particularly its own.

Dr. F. O. Hart, of West Unity, Ohio, has been added to the death roll. Dr. Hart was well known to us and was a most genial and lovable character. A good doctor, a good The above is a much better use.]

The Syracuse "Clinic," with Dr. E. Elmer Keeler its editor, is a bright bi-monthly paper, evidently belonging to the Syracuse Homeopathic Hospital. It is well put together, and has the support of the New York homeopathic profession, judging both from ads. and photos. Of the latter it publishes those of President B. F. Bailey, Vice-President A. B. Norton, General M. O. Terry, Drs. Jay W. Shelton, Selden H. Talcott, and the editor, Dr. Keeler.

The Ann Arbor School of Homeopathy gives evidence of its new life and energy by repeating its Practitioners' course this spring, and adding or prefixing to it a practical post-graduate course of three weeks. Among its additional attractions—not including the faculty, who are well-known specialists and HOMEOPATHS—it gives the name of Dr. H. F. Biggar, of Cleveland, who will lecture on "The Present Status of Gynecological Surgery," and "Surgery of the Brain," also holding an operative clinic.

Dr. Harvey B. Dale, of Oshkosh, Wis., we learn, has resigned his co-editorship of the Minneapolis Homeopathic Magazine, and is to be associated with the editorial staff of The Medical Visitor." We congratulate the latter journal on its notable acquisition, for there are few more trenchant, logical writers than Dr. Dale. He is not only a good writer, but he has a most happy faculty of selecting good subjects for discussion—and this talent is more than half the editorial battle. Whenever Dr. Dale has written for the Minneapolis journal he has read and quoted extensively. Dr. Wilson A. Smith, the other editor, is another good writer, and to put two such good men on one staff may be a safe expedient in some cases—but we doubt it. There can be but one editor to a journal, and in this case, like the quarrelling man and wife, it may prove a difficult question to say which is the one.

Dr. Dale will have more scope in his new field, and we predict abundant success for himself, and added subscriptions for the Visitor. Lookin' at yez, brethren.

Washing the hands once or twice in flaxseed meal in water, it is stated, will remove the odor of iodoform therefrom.

A western medical journal gives prominent place to the advertisement of an undertaking and embalming company. Isn't this like talking of halts in the house of the hanged?

The "Medical Age" is responsible for the statement that a Toronto woman over sixty years of age gave birth recently to a baby girl. Her husband rejoices in the goodly age of seventy-eight. The mother, however, has had much experience at this sort of thing, for this child is her twenty-second. One would think she was old enough to know better.

The Century Magazine for December, '98, was exhausted long before the holiday, and late orders could not be filled because the cover page in colors was printed in France, and no more could be had. The Century is an ever welcome visitor, and improves with each succeeding issue. It is one of the classics of this age.

The Mystery of Mr. Cain is the complete story of the current Lippincott. It has no relation to the author of The Christian in whom there is no mystery. It goes without saying that the story is first-class. And so are the short stories. The funny pictures by W. M. Goodes are very natural and therefore really funny.

Say, Mr. Preceptor, did you give your student Dunham's two volume for a Christmas gift? Could'n't have given him anything more appropriate or safe from a true homeopathic view point. After that, then, the Organon. Give him the vaginal speculum and forceps after he is graduated. Don't reverse this order, else he will be a gynecologist without Homeopathy, instead of a Homeopath with gynecology.

#### The American Homeopathist.

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A. L. CHATTERTON & CO., Publishers, New York.

# The American Homeopathist.

NEW YORK, JANUARY 15, 1899.

FRANK KRAFT, M.D., EDITOR, CLEVELAND, OHIO.

## OUR PORTRAITS.



FREDERICK F. TEAL, M.D.,  
Omaha, Neb.



Who said anything about wild cat colleges?

Who had reduced their fees almost a half?

Or of homeopathic colleges which have thrown Hahnemann overboard?

Can it be possible that that recently created corresponding membership in the British Homeopathic Society has been lost in transit?

Where there has been no value received there can be no contract. No matter how many papers may have been signed. Right?

We own and run this college after our own sweet will. If the American Institute of Homeopathy doesn't like it, it can lump it! That's what.

Now get out and dust off your faculty address if you are a preacher-man. One of the chief learned professions will importune you to deliver it himeby.

Changing the text books every year for the Freshmen and Sophmores is made necessary because of the annual change of teachers. Besides it helps the book trade.

We've got are own ideas of homeopathy, and we don't care who knows it. We do know beans when the bag is open. We could give Hahnemann points on homeopathy that would astonish him. We make our own schedule of fees.

Have you paid up your subscription to the Hahnemann Monument fund? If not, why not? Now is the accepted time. Better five dollars honestly paid to H. M. Smith, than a public subscription for a large amount, not paid.

Look up a likely church building in which to graduate your spring crop of mechanical medics, or medical mechanics and bugteriologists. Maybe some member of the faculty will propose his own church and preacher man.

When we teach the Organon—and we only touch the exploded nonsense because some fool-editors keep harping on it—we pick out

the juicy morsels, those which square with our notions of what Hahnemann really intended to say, and that we teach. The rest is rubbish.

Emulate our dear, good sister, Nancy Williams, who insists that what she is, and all she has, and has accomplished, is due to Hahnemann and his doctrines. Therefore she paid a large sum to the Monument Fund PRIVATELY and was embarrassed when it was made public. She is truly noble. And One Woman!

If you have subscribed to the Hahnemann Monument Fund, be a little man for once and pay up your subscription. Otherwise people might suppose that some of the oblique things you have had to say about this Fund were dictated not by an honest effort to criticise, but from a base desire to not pay your publicly heralded subscription.

Two prophets of evil have arisen. The one advocates continuous washing and draining of the womb in place of hysterectomy; and the other, laxative treatment and externally olive oil to cure EVERY case of appendicitis. Away with them! They are taking the bread out of the mouths of our wives and children—our sweethearts, and—ourselves!

Why should a Chicago homeopathic college put its fees so low that good men and true in New York and farther east, find it to their financial interest to travel to and abide in Chicago? Do not all homeopathic colleges membership with the Intercollegiate Committee of the American Institute? And have not all agreed to keep up the same scale of prices?

Blessed is the Peacemaker! Lo! he cometh from afar and is utterly without guile and altogether lovely. He lendeth his ear only to the verities in the quarrel. He doth not first fill his belly with high wines and savory viands at the mahogany of one party to the quarrel, and then, wholly ignoring the other party, out of the fullness of his stomach, shooteth off his subsidized mouth. Yea, verily!

Preceptors? Well, what about them? What do we care for them? The day of the Preceptor is past. He cuts no ice in the modern medical school. The preliminary educational test has cooked his goose. Do we always subject the matriculant to the Pre-

liminary Educational test? Well, that's our business, and we are not in the college business for our health.

There are many paragraphs in the Organon which show that Hahnemann was an extreme visionary, and incorporated his religious belief in his medicines. That's what the students hear occasionally from the homeopathic desk. Hence, when this unworthy wearer of Hahnemann's sandals teaches the Organon he skips paragraphs galore, in order to keep out Hahnemann's theories and give the class the true homeopathy. A Homeopathy without Hahnemann! God save the class that is turned out as homeopathic from such a school.

I found the allopathic colleges of New York had one fault which may or may not be peculiar to others. The Professors would discourse elaborately and eloquently for about fifty-five minutes upon pathology, symptoms, diagnosis, etc., and about five minutes on treatment. Sometimes the latter would receive scanty mention or none.—From a private letter. [No, this is not peculiar to the allopathic colleges of New York nor of other points. Indeed, we could, if put to the white-hot-plowshare test, mention some homeopathic colleges that do the same in more than half the chairs which they profess to teach.]

Said Dr. Marshall, of the U. of Penna., in an interview: There are three things which we might call the cardinal principles and which I would look for in that boy [who applied for matriculation]. 1. Is he well educated? 2. Is he a keen observer? 3. How about his moral character? But the greatest of these is "adaptability."—A boy with these qualifications would be an honor to any profession. But how many of the recent output of medical colleges combine these requisites? Where is keen observation taught? Through the barrel of a microscope? In surgery and gynecology he is taught pathology, dexterity and cleanliness. But where homeopathic observation? Sir?

Says "Jabez Peabody" in the Clinical Reporter: If Hahnemann hed hed the opportunity uv goin' to school down to Podunk he might hev liv'd ter be a gynecologist.—Just think of the ghastly possibilities, and how glad we are that he is dead and immortal. Just as glad as every good American is that George

Washington left nothing, only several hundred body servants, but neither son nor daughter; for truly there is no saying how the family name might have been smudged or forever tarnished. Fancy Washington's grandson applying for a commission in the late Spanish war, because his grandfather had been the Father of His Country. But really, does any one who has studied Hahnemann's character believe that had he lived in this age of medical hypocrisies he would have been a gynecologist?

### **Materia Medica Miscellany.**

Conducted by J. WILFORD ALLEN, M.D., 110 West 12th Street, New York.

References in this department are made by number, as follows: Chironian, 2; Clinique, 3; Hahn. Adv., 4; Hahn. Mo., 5; Envoy, 6; Jour. of Oss., 7; Hom. Phy., 8; Hom. Recorder, 9; Hom. Sun, 10; Clin. Reporter, 11; Jour. of Hom., 12; Indicator, 13; Century, 14; Counsellor, 15; Era, 16; Visitor, 17; N.E. Med. Gaz., 18; Times, 19; N. A. J. of Hom., 20; Pacific Coast Jour., 22; Hom. News, 23; Jour. of O., O. and L., 24; Argus, 25; Revue Hom., 26; Arch. fur Hom., 27; Allg. Hom. Zeit., 28; Zeitschrift fur Hom., 29; El Prog. Hom., 30; L'Art Med., 31; L'Hom., 32; Hom. Med., 33; Hom. World, 34; Hom. Review, 35; Jour. Br. Hom. Soc., 36; Foreign Journal, not Hom., 37; Am. Jour., not Hom., 38; Indian Hom. Review, 39; Materia Medica Jour., 40; Minn. Hom. Magazine, 41; Med. Advance, 42.

### **Lactic acid in Rheumatism.**

Lately the use of lactic acid in arthritis deformans has attracted attention by the publication—by Dr. Zolatorin<sup>38</sup>—of a case of ten years' standing, the last year of which the patient kept her bed. He began with ten drops largely diluted, on an empty stomach, no food being allowed for an hour and a half afterward, and gradually increased the dose to forty drops a day. In three weeks the woman could get out of bed and walk a little, the pains being much relieved and the joint circumference slightly diminished.

The improvement lasted until no care was required, and ordinary duties could be resumed. No internal medicine other than lactic acid was given and no external placebo except massage.

### **Cocaine in Ophthalmic Practice.**

Theobald,<sup>38</sup> in warning about the too free use of cocaine in the treatment of diseases of the eye, says: "I have met with many instances in which it was prescribed in simple catarrhal conjunctivitis. There seems to be

no indication for its employment under such circumstances, and it is capable of doing much more harm than good. Because of its pronounced disturbing effect upon the nutrition of the cornea, cocaine is not a remedy to be used carelessly in eye diseases. It acts, as you know, through the sympathetic nerves, or chiefly in that way, and, besides, anesthetizing the eye, it dries the cornea to a remarkable degree. The cornea not only becomes dry, but the epithelium becomes loosened, so that it is easily rubbed off, sometimes by the friction of the lids, or from the slightest touch of the instruments used. Any agent that has so marked an effect as this upon the nourishment of the cornea certainly seems not to be a safe one to use, unless there is a clear indication for its employment. The field of usefulness for cocaine, apart from its anesthetic action, is extremely limited. I scarcely think, indeed, there is any occasion to prescribe it as a remedy in eye diseases, though it may be used sometimes to increase the action of other drugs; for instance, atropia, or hemotropia, will dilate the pupil more quickly and powerfully if combined with cocaine. Even here I prefer to keep the solutions separate, and to instill the cocaine first, and then the atropia. It is also useful as preliminary to the application of astringents or caustics, like the sulphate of copper or nitrate of silver, as it greatly lessens the discomfort, but this is only another phase of its anesthetic action."

### **Coffee as a Medicine.**

Jonathan Hutchinson,<sup>38</sup> says that he has long been in the habit of prescribing coffee as a medicine in certain states of great debility. He regards it as a remedy quite unique in its usefulness in sustaining the nervous energy in certain cases. Apart from its general utility, and its well known value as an antidote to opium, he has found it of especial service after operations where anesthetics had been used, and in states of exhaustion where alcohol had been pushed and a condition of semi-coma followed. In these latter cases he has sometimes prescribed it as an enema when the patient could not swallow, and with the best effects. In many cases where death may be close at hand, such an expedient as this may even be the means of permanent restoration to health. Tea and coffee seem to be much alike in many respects, but the latter is greatly preferable as to its sustaining power. It would be a great advantage to our working classes, and a great help toward the further develop-

ment of social sobriety, if coffee were to come into greatly increased use, and if the ability to make it well could be acquired. As an example of the difference of effect of tea and coffee upon the nerves, the writer notes what he believes many sportsmen will confirm, that it is far better to drink coffee than tea when shooting. Tea, if strong, or in any quantity, especially if the individual be not in very robust health, will induce a sort of nervousness which is very prejudicial to steady shooting. Under its influence one is apt to shoot too quickly, whereas coffee steadies the hand and gives quiet nerves.

#### ***Brewers' Yeast in Furunculosis.***

Brocq,<sup>28</sup> praised the action of brewers' yeast in furunculosis when presenting a child in one of his lectures, and pointed the great value of this substance in all suppurating forms of skin disease—impetigo, acne, and especially furunculosis. Properly administered, brewers' yeast would arrest an attack of furunculosis within eight days. The only difficulty encountered was in obtaining fresh yeast, as only this is efficacious. Two or three coffee-spoonfuls are to be taken at the beginning of a meal in a little water. This dose may, however, be increased without bad effects. When brewers' yeast cannot be obtained, compressed yeast may be prescribed, although it is not so well borne. On account of its action on superficial suppuration, brewers' yeast might also be tried in gonorrhea.

#### ***The Tongue in Simple Dyspepsia.***

T. G. Stonham, M.D.,<sup>29</sup> With regard to the medicines suggested by the appearance of the tongue—a thick, moist fur, creamy-white in color, indicates Antimony; while a dryer tongue of the same character calls for Pulsatilla, and a thin, white coating, through which the enlarged papillæ show, indicates Belladonna. A yellowish stripe down the middle indicates Hydrastis; a thickly coated, yellow-brown tongue, with red edges, kali bichrom.; a yellow coating to the base while the fore part is clean, Nux vom. or Mercurius iod. flav.; a dry tongue, brown down the centre, and shining red edges, Baptisia; a coated tongue, with moist, clean tip, Bryonia; the same, with a triangularly-shaped red tip, Rhus tox. A beefy red tongue, or a tongue with two brown or yellow streaks with red centre stripe and red edges, indicates Arsenicum; a white coating, with tendency to formation of black crusts, Phosphorus. Mercurius sol. also has

a thick moist coating, the upper layers tending to be blackened in patches. A mapped tongue suggests Taraxacum or Natrum mur. The sensation of hair on the back part of the tongue is given as a reason for the administration of kali bichrom.; on the fore part, of Silicea; indifferently, of Natrum mur. I have had cases which have confirmed these three indications.

#### ***Infantile Convulsions.***

Elliot of Kansas City, in a paper in the Journal of Orificial Surgery thus refers to the medicinal treatment:

In those cases of malarial intermittent or remittent, where during the stage of fever a convulsion occurs, the treatment, of course, is directed to the breaking up of the malarial condition, during the intermission or remission; but often the attack can be averted by giving a few doses of veratrum viride just as the fever begins to rise.

In all violent febrile and inflammatory affections, where a child is threatened with a convulsion, or where it has already had one or more, I know of no remedy that will surpass veratrum viride. It is especially indicated in those cases where there is violent throbbing of the carotids and temporal arteries, flushed face or face purple, nausea and vomiting and great rapidity of the pulse.

Belladonna is indicated in those where the face is flushed, the head hot, the eyes wild and staring, pupils dilated, throbbing of the carotids, and there is an excessive nervous excitability with exalted sensibility of all organs. The least noise causes the child to start and may bring on another spasm. One marked symptom calling for its use is twitching of a group or of groups of muscles, especially the facial muscles, or of one or more of the limbs.

Ignatia is the chief remedy to be thought of in convulsions occurring in children after a fright or other violent emotion; also convulsions occurring during dentition and at the beginning of the eruptive fevers. It is especially called for in all forms of convulsions where the nervous element is predominant.

Nux vomica will prove of especial value in convulsions due to gastric or intestinal causes. Oversensitiveness to external impressions, odors, light and noises; convulsions with tetanic rigidity of nearly all the muscles of the body; severe clonic spasm every five or ten minutes; the spasms so severe and the suffering so great that the patient groans continually; lips blue, eyes protruded, foam at the

mouth and the thumbs firmly pressed against the palms.

### *Artemisia in Epilepsy.*

Dr. Moeser, <sup>o</sup>. Of this plant three species are used medicinally. There is *Artemisia abrotanum*, which was especially used with preference by the well-known late Dr. Deventer, of Berlin, but he used it not in epilepsy, but in the atrophy of children having increased appetite but defective digestion; then also in gout and in cases of freezing (in chilblains, where he also applied it externally!). *Artemisia abrotanum* may not be considered in epilepsy. The other two species of this plant, however, compete in this disease, and especially the species called *Artemisia vulgaris*, in common life mug-wort. From the fibrils of the root, dug up in the latter half of November, a tincture is made, having an agreeable smell of malic acid, and which is also given undiluted in doses of one to two drops at a time. It has been found that the plant growing wild in overgrown fields and in fence-corners is more effective than plants raised in gardens.

Dr. Schweickert with this tincture cured an epilepsy caused by fright with a lying-in woman in a very short time. Also the earlier physicians have considered *Artemisia vulgaris* as an actual specific in epilepsy. It is said to be most suitable in cases connected with menstrual troubles and where the attacks take place several times a day with brief intermissions. Also other physicians have found *Artemisia* very useful in epilepsy and in the epileptic states of young people, but exclusively in cases where the attacks appeared with striking frequency. So far as I know there has not yet been made any homeopathic proving of this remedy; but it might be well worth while still to institute such a proving.

Also the third species, *Artemisia absinthium*—wormwood—has been tried and recommended in epilepsy. We have a homeopathic proving of *Absinthium*, as also of *Abrotanum*, but I am sorry to say that it is incomplete and affords no characteristic symptoms which might form a certain guide in its selection. But it is well established that from the use of absinthe epileptic attacks may arise; it has also an influence on the womb, promoting and increasing the menses, but it is said to weaken at the same time the sexual functional activities and to cause the body to become emaciated.

In a case of violent epilepsy that lately came

under my treatment, I had an opportunity of comparing the effects of these two remedies, and I received a decided impression that *Absinthium* surpasses in its effects *Artemisia vulgaris*; for while the case showed only a slight improvement after *Artemisia vulgaris* the improvement after *Absinthium* was decided and continuous. The attacks ceased and have not since returned. It was considered as an unheard-of event by the relatives that the attacks had been checked at all, because this had never been obtained with any other remedy.



### *SOME PNEUMONIA TREATMENTS.*

The Editor of the Medical Gleaner (Cincinnati), after commenting upon the recent deaths of Calvin Brice and Garcia, copies an article from an old-school journal giving the modern treatment of pneumonia, as follows:

"See to the hygiene; empty bowels every two hours until stools are light colored and odorless; give intestinal antiseptics; give digitalis to steady the heart; give aconite to subdue congestion, relax cutaneous vaso-motor spasm, and thus 'equalize the circulation' and moderate the fever; apply wet or dry heat to the chest. 'The preceding rules apply to all forms of the malady; we now come to the question of *sthenia*; for *sthenic* cases add *veratrum*; for *asthenic* cases add to the digitalis and aconite, *strychnine*; for aged patients, increase the *strychnine* as may be needed, giving any quantity provided the effect is produced; for drunkards give *strychnine* for effect as for the aged; for hemorrhagic cases give *ergotin*; or relieve the vascular tension by dilating the cutaneous capillaries with *atropine*; for infants paint the chest with iodine AND TREAT AS ABOVE. Be ready to change from *veratrum* to *strychnine*, or vice versa, as occasion requires; do not let any patient die, unless he is in the last stages of some incurable disease, and Nature simply sends him pneumonia as a means of putting an end to his sufferings.'"

Upon which he comments: "This is really a verbatim copy. The dose and a few minor references are omitted. To write such an editorial and end it by saying, Do not let any patient die! What does the man mean? Where, in God's universe, can you find a patient that will live under such drugging? Just think of it: digitalis, aconite, *strychnine*, *veratrum*, *atropine*! Then, give them in 'all forms of the malady.' Increase the dose for the aged and for drunkards—the devitalized. 'For infants,

paint the chest with tincture of iodine and treat as above."

"Gleaner readers," says Editor Bloyer, "certainly have to much sense to use such treatment. Every one of them will agree that a patient would be better with absolutely no medicine, babies and the debilitated especially. Proper hygiene and nursing is more than medicine. A little proper medication is by far safer and better than much science. Catnip tea is better than atropine; cold water is better than strychnine; hot milk is better than digitalis. Treat the patient that is before you. No one remedy or combination of remedies will suit ALL cases. Very small doses of aconite might perhaps be allowable in some particular cases of pneumonia, and so of veratrum; but to give them to EVERY case, whether indicated or not, is killing. Bryonia suits many cases; lobelia some; ipecac some; sanguinaria some; podophyllin some; jaborandi a number; acetous emetic tincture, stillingia liniment, in fact any remedy in the materia medica, may be the very one your next case will need. Don't whip a pulling horse; don't goad to greater action a willing, working heart by heart depressants: aconite, veratrum, coal-tar products. Don't stimulate until stimulation is needed. Digitalis and stimulants of all kinds should be avoided until flagging strength calls for them. Many, many cases will never need either."

"As to local applications, they may be similar in many cases, yet for particular cases some are better than others. That which retains heat longest is perhaps best. In no disease known to us is it true to such a degree as in pneumonia that "heat is life and cold is death." Turpentine, coal oil, camphor, compound powder lobelia and cayenne, vaseline, wool, flannel or cotton batting, hot plates, bottles, lids, bricks, stones, boards, anything that will retain heat, may be utilized. Give plenty of drink: water, hot or cold; weak tea; or milk if the tongue be clean, otherwise not. Don't put food into a stomach that will not digest it. It only increases the trouble. Use a laxative if the tongue be heavily coated, the alimentary tract loaded. Sulphite of soda, bicarbonate of soda, phosphate of soda if indicated. Frequently, small doses of specific belladonna, or of muriate of ammonia, or of iodide of potassium, are prodigious in "clearing" up a "below par" lung that has been pneumonic. Again, counter irritation is oc-

casionally a pleasing adjuvant in these same low grade cases. The best is a piece of common rubber adhesive plaster, large enough to well cover in the tender spot, with here and there a drop of cantharidal collodion upon its face. Press it on well; it will blister in from four to six hours with little or no pain. Allow it to remain a week or two until the blister has fully healed. \* \* \*

[Say, Brother Bloyer, we're laughing at you. 'Deed an we is. We had almost called it: The Quarrel of the Pot Black with the Kettle ditto. And is that the best you Eclectic-fellows can do? "Treat the patient that is before you! No one remedy or combination of remedies will suit all cases!" The idea! Why, that's the way the old-fashioned homeopaths used to talk. You are 'way behind the procession and profession. That is, the Advanced and Progressive Profession. The Homeopathic Profession (for Revenue only). One of the Bugteriological Homeopaths. Or the Modern Homeopath (Limited). Why, sir, they would show you how to cure Pneumonia, or any other old thing, that they couldn't rip out or saw off, in one time and two motions. All you would have to do would be to sequester the streptococci or the gonococci, or the pneumococci, or the plasmodium, or the prima viæ, and poison that with serum injection made neither in the heavens above nor in the waters below, damned by the chemical and pharmacal people and adopted by the old school and the new,—and there you are! Possibly you would have to sign an embalming certificate. But what of it? People must die sometime. Gegen den Tod ist noch kein Kraut gewachsen. And when you have treated the late departed scientifically, according to the very latest canons of the church Bugteriological, you have done all that science can do. And there is no help for it.

Or if you want to take another form of Homeopathy (for there are said to be several kinds), one that is very popular in some sections because it mystifies and, therefore, satisfies, you would begin EVERY case with aconite 3x, alternating with bryonia 6x, and giving a little veratrum vir., tincture, to drop the pulse. Leave something else low and in two glasses for the bladder. For the bowel give teaspoonful doses of cascara sagrada, or that more



elegant and convenient form of modern pharmacy—Homeopathic Combination tablet No. 33. For the cough, if dry and racking, prescribe Homeopathic Combination tablet No. 27. For the prune-juice expectoration give frequent doses of Anti-Coffine (made in Germany) and owned in monopoly in New York. Give appreciable doses of quinine if chills ensue. Change all these HOMEOPATHIC remedies frequently and thus get the full benefit of Homeopathy, for "Materia Medica is the cornerstone of Homeopathy." On the outside of the body—for we must neglect no adjuvant that will comfort the patient's friends and assist the Homeopathic medication—on the chest put a flaxseed meal poultice soaked in hot olive oil; on the abdomen place a hop poultice wrung out of hot whiskey, to be alternated every hour with a turpentine scoup. The kidneys must not be neglected: place on them a big-sell-fly blister until active vesication sets in or on, then lift it off and apply "carrion" oil. Between the shoulders and well up on the neck apply baumscheidtismus to keep the lungs active. Encase in a sterilized cotton jacket with buttons all down before, and change often. Give a hypodermic of an eighth or a quarter of morphia each night to produce "tired nature's sweet restorer: sleep." An ice coil if the trouble should mount to the brain. Whiskey and milk, or whiskey sling, or brandy smash, or milk punch, with digitalis or strychnine or nitro-glycerine, or strophanthus to whip up the flagging energies and support the dropping and drooping heart. Keep the patient warm,—and the family the same. Keep doing something and do still more of it. Don't let nature have a hand in the business. She is a cruel stepmother. Keep busy. Keep the family busy, and the corner drug store. Keep the whole neighborhood busy. Make cultures of the sputum. Have the trained nurses take temperature and pulse every hour and make a blue print of them. When some of the blood becomes too turgescient, bleed him! And so on and so forth.

You see, dear Brother Editor, it isn't difficult to be a modern, scientific, fad-bitten, hobby-ridden, old-school worshipping homeopath (Limited). You note further, that the schools are rapidly coming together; they are no longer a Sabbath day's journey apart. And if some of these blame-fool editors, these pestilential fellows who know neither surgery nor gynecology, would stop harping on the old-fashioned Homeopathy which served our fathers and grandfathers in their unscientific

day all right enough, and stop stirring up the people and the preceptors, quoting Hahnemann, who was a good enough man but an extreme visionary, with impracticable theories, which were nothing but his Swedenborgianism applied to medicine, why there would soon be a complete union of the schools almost as by first intention. Both schools are now using each other's medicines. Both schools prescribe on pathology. Both schools can practice "both ways"—the right way,—and the other way. Why, sir, there is one hermaphroditic college, which, when it is not teaching surgery or gynecology from sixteen chairs, teaches its students that a good homeopathic cough mixture for infants is made by rubbing up camphor and gelsemium in sugar of milk and giving it in every case;—and other gems of the same homeopathic ray serene.

Isn't it wonderful what strides "Homeopathy" has made in the last ten or fifteen years, since gynecology took charge of the helm! Truly, it is. Pretty soon, Brother of the Medical Gleaner, you will see the modern Hermaphroditic Medical College take that obsolete word "Homeopathy" out of its diploma, and out of that large black-and-gold sign, which, like a ghastly mockery, has been nailed over its front door, as it has already taken the word and all that it implies out of its curriculum. Then the lion and the lamb will do the lying act,—or, rather, the lying-in act—the lamb lying in the lion. The millenium will have "came." People will no longer die by natural process, but have to be removed cito, tuto et jucunde! Salaam aleikum—peace be with thee.]



#### HOMEOPATHIC COLLEGE FEES.

A correspondent writes concerning the discrimination practiced by some western homeopathic colleges against the eastern members of the Intercollegiate Committee of the American Institute of Homeopathy. The following will show the difference: (The first column showing the fees of a Chicago homeopathic college; the second column that of the New York Hom. Med. Col.):

Registration . . . . .	\$ 5.00	\$ 5.00
Lectures (one term) . . . . .	65.00	125.00
Examination fee . . . . .	10.00	None.
Graduation fee . . . . .	None.	30.00
Cook Co. Hospital . . . . .	5.00	None.
Total . . . . .	\$85.00	\$160.00

Term of the Chicago school, six months.

Term of the N. Y. school, seven months.

So you see, continues the correspondent, there is a saving of one month's board, of about \$30. Also a saving of \$75 in college fees. To sum up, if the eastern and western schools are equally as good, economy would be an influential factor.

Why this difference?



### **PROBLEMS IN MEDICAL GYNECOLOGY.**

M. J. BLIEM, M.D.,  
San Antonio, Texas.

Southern Homeopathic Association, November, 1898.

We will recognize at the outset the fact that surgical gynecology fills a large and necessary place; that it has accomplished some of the most brilliant achievements in modern surgery. There are cases in which there must be a universal consensus of opinion as to the absolute alternative of the knife or an inevitable fatal result. But the field of medical gynecology must always be the greater, for two reasons: First, the number of skilled surgeons as compared with the mass of the profession, will always be small. Second, the unequivocal surgical cases will always be in the minority.

Now, any well-equipped physician ought to be able to do minor gynecological surgery, such as repairing lacerated crevices, perineæ dilating, and curretting, etc. But major gynecological surgery is beyond the average physician, both by lack of the natural surgical temperament and by lack of the constant experience and opportunities for acquiring the highest skill. In such case, then, I claim that it is the moral duty of the physician to decline to do operations which he knows will not give the patient the best chance for life and recovery; with the sole reservation in cases where it is a question of life and death and higher skill cannot be commanded. No doubt thousands of lives have been sacrificed to the ambitious, but unskilled, surgical novice. So, then, many of us must ever be content with limiting our main services in behalf of suffering woman-kind to non-surgical measures.

Then, again, the sensitive fibre of woman shrinks in dread from the knife. Many absolutely refuse to undergo a surgical operation; they prefer to it a life of suffering. They know, too, that by no means does surgery always bring sure relief. The country is full of women who have submitted to the pelvic operations

common in our day who are no better off than they were before. They have simply had substituted one form of suffering for another, and perhaps greater, to boot; and there is, too, a percentage of mortality. If a woman knows that her trouble is not necessarily fatal she will often prefer to live on in some security of life, even though it be as a semi-invalid, than to take the risk of a fatal termination.

It is wonderful, also, to note what remarkable pathological conditions can exist for years without greatly disturbing a woman's health, or menacing her life,—conditions which any surgeon would say on first blush, must demand surgical interference at once. I have now under observation two cases of fibromyomata in the same house, which illustrate this point. One is the mistress,—the other, the Negro maid. The mistress has a fibromyoma completely filling the abdominal cavity. She has had it for twelve years. She has suffered much from menorrhagia, but is better the past few years, as she is approaching the menopause. She has steadfastly declined operation or local measures, but has been almost constantly under medical treatment. She enjoys life, even indulging in dancing, and bids fair to live out a normal existence. The servant has a similar pathological condition, only that she menstruates but little and in fact suffers but little disturbance of any kind from the tumor. How many women have you not seen with various degrees of lacerations and displacements who yet enjoy a very fair degree of health? Yet, from a purely technical point of view, they ought, by all means, to be operated.

I simply gather from these facts this consolation: That in the many operable cases where the competent surgical skill is not available, or where the patient absolutely declines the knife, let us not take too serious a view of the outcome. In a large proportion of such cases indicated constitutional, hygienic, dietetic, and local measures will do a great deal to make life endurable, and even enjoyable.

We need all the help we can get in managing these inoperable cases. The problem is what to do if you can't operate. I have recently read able papers by Dr. O. S. Runnels on "Retro-Displacements of the Uterus," and one on "Dysmenorrhea," by Dr. J. Kent Sanders. They are fine, but when it comes to the management of these cases the treatment is almost purely surgical. How many of the young girls brought to you by their mothers

for dysmenorrhea and leucorrhœa will submit to surgery, not to speak of even a physical examination? I confess the treatment of these cases by medical measures has been extremely unsatisfactory to me. It is remarkable how many girls suffer severely at their monthly periods. During the intervals they have absolutely no symptoms of pelvic trouble nor even a leucorrhœa. But the cramping, crushing, tearing pains in the pelvic organs come inevitably with each recurring period, puts them to bed and takes the very life out of them for days. I suppose the infallible prescriber always cures these cases! Alas, I am not one of these and must confess to frequent failures.

A great many women suffer from endometritis, with its consequent leucorrhœa and discomforts;—often there is more or less misplacement accompanying. Those of us who try surgery know that the surest and quickest way to cure the majority of these cases is by dilating, curetting, and packing. But how shall we treat those who refuse an operation—or even decline systematic local treatment? Here I believe of course that the well selected remedy is an efficient aid, but it is frequently not sufficient. For the benefit of these patients we devise all sorts of medicated douches and suppositories. For my part I do not think much of frequent and prolonged courses of vaginal douches in chronic cases. Of all the aids to treatment devised, I have selected one which I have used with real satisfaction in many cases. It is the "Micajah Medicated Uterine Wafer," manufactured by Micajah, at Warren, Pa. There may be similar tablets of other makes equally good, but I prefer this one. It is clean, simple and efficacious in relieving congestion, engorgement and catarrhal discharges and is a mild astringent, serving to tone up the relaxed tissues and, in mild cases, restores the uterus to its normal position. As the tablet is placed only every third night, as a rule, it is not much trouble.

Now a word about misplacements. There seems to be a great difference of opinion about the use of the pessary. Guided by my experience, I must certainly align myself with those who find the pessary a useful instrument. I know positively that I have permanently cured a number of cases of retro-displacement and flexion. I have had some gratifying results in several cases, in which, having previous knowledge of a chronic retroversion, I fitted a pessary after parturition, before the patient got out of bed. Replacing this with a smaller instrument after a month, I found a cure when

involution was completed, which proved permanent. But even if the pessary does not cure, I claim that in suitable cases where it gives relief, it is far better to wear it indefinitely than to do without, or even to subject the patient to an uncertain operation. Where we have a fixed uterus, we must be content to follow such measures as tend to relieve congestion; but surgical measures of some sort are indispensable if we would replace the organ.

I believe electricity ought to be of great service to the medical gynecologist; but practically I fear it is not. This, I think, is due largely to the fact that it takes considerable study to understand the different currents, and the indications and methods for their application; also it requires rather expensive apparatus, which the average practitioner can ill afford—and again, the apparatus is forever getting out of fix, and balks just when it is most wanted. These difficulties are being met by simpler and cheaper apparatus, with which the ordinary electric power currents, now so common even in smaller towns, can be utilized.

On the whole, the medical gynecologist does not meet with such positive results, and cannot take such positive satisfaction in his work as the surgeon. Indeed, he must often rest satisfied with alleviation rather than cure.



## Phil. No. 50.

### *Homeopathic Therapeutics.*

#### *Dunham's Definition Defined.*

The constantly quoted phrase of Dunham, "Homeopathy the Science of Therapeutics," has absolutely nothing to do with the question of the universality of the homeopathic law. Dr. Dunham was a scholar in the true sense of the term and knew better than advocate at any time or place a ridiculous claim. He never stated that the law of the similars is applicable to every case, or that it operates to exclude every other law of cure. His phrase—one of the most expressive ever coined—is nothing more and nothing less than an assertion that the law first distinctly outlined by Hahnemann and applied by him within certain well-defined limits constitutes the only maxim thus far laid down which in any sense meets the demands of the term "science," the only one which is scientific because it establishes a connection between cause and effect, and allows

the prescriber of a remedy to state with a reasonable degree of precision under what conditions the remedy is indicated, what its action will be, and why it will exercise a certain specific effect. Will Dr. Chapman for a moment presume that Dr. Dunham did not understand the curative value of Rest in certain cases, and that he never prescribed physiological rest for the purpose of curing the sick? If he did prescribe rest, was it done upon homeopathic principles?—Pacific Coast Journal of Homeopathy.

[Now there it is in black on white, just what Dunham meant, with his well-worn dictum. Dr. Arndt, the able editor, has been quite ill, but his hand has lost none of its pristine logic when it attacks the errors of the school and gives true definitions of popular expressions and of homeopathy. Just read it over again and see if you don't understand it and admire it. For ourself we must fain admit that we did think Dunham was a master homeopath and recommended homeopathy in all curable cases: further, that he believed with Hahnemann and every other rational physician that all removable causes must be first removed before the homeopathic remedy (medicine) could be applied. And if the patient need rest, or a sirloin steak, or a turkish bath, neither Hahnemann nor Dunham or any one of the other several thousand homeopaths would think for a moment of giving that patient a very high potency of medicine in place. Nay, we go so far as to say that we do not believe that even Dr. Lycopodium Chapman would do so. But we must further confess that our recently-dispatched Christmas dinner has sadly interfered with our logical talent and we are not "up" on matters of this deep import.]

### ***Homeopathic Practitioners Studying Allopathic Medicine.***

"Dr. W. A. Tims has resigned from the faculty of the Cleveland Homeopathic Medical College, and become a student and candidate for the degree of M.D. in the College of Physicians and Surgeons connected with the Ohio Wesleyan University. He says there are nine other homeopaths of that city going to quit homeopathy and join the ranks of the regular profession. Dr. Tims has been in practice since 1888."—From an Unidentified (Allopathic) Exchange

[True only in part. Dr. Tims has NOT resigned from the faculty of the homeopathic college; but it is a fact that he and the others named are matriculates in and attending upon a Cleveland Allopathic College. It is not a pleasant reflection upon homeopathic teachings and methods when men who have held prominent place for years as teachers in their alma mater desert its teachings, its precepts, and the basic principles of the school, and become old school practitioners; there is a blame somewhere—and it is not all with the seceders. A man who is well cared for at home does not become a frequenter of the corner saloon or the far more disreputable dive lower down in the scale.]

### ***Doctor's Call By the Telephone.***

In the middle of the night in the Fall,  
When you're hoping that you will not get a  
call,

Then the 'phone begins to ring  
And out of bed you spring  
And fall over everything,  
In the hall.

Then you rub your bruised elbow as you  
groan  
And madly yell "hello!" in the 'phone,  
But no answer do you hear,  
Tho' you almost strain your ear,  
Standing there so cold and drear,  
All alone.

Till at last you almost freeze, then and there,  
And begin to cough and sneeze, cuss and  
swear,  
Then go slowly back to bed,  
With a caution's easy tread,  
And think of what you said,  
With despair.

—Medical Arena.

The above verses will be appreciated by our  
host of readers; for we have all been there:

### ***Medical Cures— How Many Are They?***

We look over the list of diseases which we are able to cope with successfully by the use of medicine, diseases in which we would all agree upon the treatment, malaria and syphilis stand out prominently. Upon what is their treatment based? Quinine was used long before the discovery of the plasmodium malariz.

What the future may hold for us, when time has been able to sit in judgment on the result of serum therapy, and treatment by animal extracts, it is yet too early to say. Surgery would undoubtedly claim for itself the greatest advances, but if we sift down the facts will we not find that those advances have been more in the line of possible mutilations than in the cure of disease? The successful removal of a woman's stomach in its entirety is undoubtedly a great surgical feat, but was not its removal caused by a confession on the part of the surgeon of his inability to cure the disease. Far be it from me to in any way minimize the untold benefits which have been enjoyed by suffering humanity, as a result of the hard work, the deep study and the combined efforts of all who belong to the medical profession, and to be a member of which I consider myself honored, but it seems to me that it is sometimes healthful to stop and consider what we are really doing; not to rest too comfortably on our laurels already obtained, but by a just and honest view of our possible shortcomings, to remember that there are new fields to be cultivated, new glory to be won in our everlasting battle with disease, and that each one of us, however humble we may be, may by diligent work, thought and observation, be able to add our mite to that grand sum which makes up the total of human knowledge.—E. F. Tucker in the Medical Council.

### ***Munyon "Homeopathy" Over in England.***

On September 23d at the London County Sessions, James Edward Deane, forty-four years, described as a medical practitioner, surrendered to an indictment charging him with stealing three small sums of money—3s., 3s., and 4s.—belonging to his master, James Monroe Munyon, of "Munyon's Homeopathic Remedies," 121 and 123 Shaftesbury avenue. It was alleged that the accused whilst employed as a "consulting physician" at the establishment named, sold "cures" taken from the stock before they were stamped and in some cases failed to account for the money. The London manager for Munyon said his employer engaged "Doctor" Deane. The accused was under him and commenced with a weekly wage of £4, increased subsequently first to £5 and then to £6. In cross-examination he stated that Munyon had an honorary degree from the University of Tennessee. He (witness) repudiated the suggestion that it was

not possible to get a qualified man to occupy the position of manager. He could get half a dozen reputable doctors. For the defence it was submitted that Munyon instructed Deane to act as he thought best and to recoup himself out of the sales for any expense he was put to in his position. The jury returned a verdict of "Not guilty."—British Medical Journal.

### ***No Quarreling In This Medical School.***

The medical profession of New Orleans is ideal. All its members are polite gentlemen, and why? Because there is only one medical college and can be only one in New Orleans and in the State. It is liberally endowed and supported, with large fees and severe requirements which invite only the worthy. The professors are generously paid for the work they do, and in consequence they do good work. Liberally endowed, independent high grade medical colleges are the only ones that the profession should encourage and endorse.—The Medical Mirror.

[A consummation to be devoutly wished! But note why. "The professors are generously paid for the work they do, and IN CONSEQUENCE they do good work." Of course they do. Nothing always comes from nothing. Unless a professor is paid, or is owner of a block of college stock, or has an opportunity to daily advertise himself in some almost unethical manner, he is not apt to take any very deep interest in his work beyond the first month or two of his term. Human nature is human nature, with very few exceptions. There seems to be no good reason why a well-conducted medical school should ask a lot of busy men and One Woman to give valuable services for nothing.]

### ***The Specialist—Does He Know It All?***

I think Dr. Broadnax is right when he says: "The general practitioner has found, or is fast finding out, that the average specialist is a humbug." The average specialist is a sort of a professional parasite, clinging to and living off the medical profession, sapping its substance and giving little or nothing in return. Many so-called specialists make it their business to belittle the general practitioner, and

give the public to understand that of their particular specialty he knows little or nothing.

The oculist says the general practitioner is not competent in diseases of the eye; the laryngologist says he is not competent in diseases of the throat; the otologist in diseases of the ear; the neurologist in diseases of the nervous system; the bacteriologist, that he is not competent to diagnose any of the so-called germ diseases, etc. How long will it be before the pulmologist will claim the exclusive right to treat diseases of the respiratory system, and the bowlogist of the digestive apparatus?—T. W. Lockhart in *The Medical Summary*.

[Ah, Drs. Broadnax and Lockhart you are two bold, bad men. You must have had some nightmarist experiences with specialists else you would not say that specialists are so constantly engaged in contemplating their omphales that they see but little else. It is rather disheartening to send a good "fat" case to a specialist, and then have that specialist—a friend of yours—tell the patients' husband that you, her family physician, waited too long with medicines; that now nothing more can be done; of course if the case had been sent to him three or four years earlier then perhaps it might be operable. But now—well. Yes, he will operate; but with the understanding that if the patient dies it is your fault; if she recovers, it will be because of his super-eminent ability and skill and despite your tardiness. Let us have a few more judges who practiced law a few years in circuit and common pleas court, who even forgot hard legal battles in the justice of peace courts; and probably for a number of years could not wear other than long-tailed coats. A judge directly out of a law graduating class would be an anomaly. But we have surgical specialists who leave the great medical alma mater of yesterday, and today are specialists! Selah!]

### ***Death's Odor, Is it Recognizable?***

"Many people believe," says Knowledge, "that soon after death a peculiar smell arises from the body. 'There is death in the house,' old women will say. So, too, it is well known that in some countries ravens appear, oftentimes in large numbers, almost immediately animals have expired. It is easy to explain all such phenomena by changes due to decay

of the body; but the smell before death, which is referred to as odor mortis, is not so easily understood. This 'death smell' attracts several species of flies to the dying in certain seasons, and the approach of death in a human being or animal, if it occurs at a time of the year when these insects are in active life, is said by some to be unmistakably heralded by the determined manner in which such flies settle on the skin, especially in the region of the nostrils. According to many authorities the smell is unappreciable to average nasal organs, though not a few trained observers are without doubt of its existence. Of numerous cases which have recently been put on record in the *British Medical Journal*, one or two may be referred to here as they provide sufficient ground for further investigation: An apparently strong, healthy nurse was suffering from a severe attack of typhoid, and toward the end of the first week a peculiarly heavy odor was noticed about the patient by the doctor in attendance, and since he had noticed a similar smell in previous fatal cases he felt anxious. Shortly after the odor had been detected the nurse developed other symptoms and died. Another physician records that having remarked the smell in the case of a child, who otherwise did not appear to be seriously ill, he regarded it as a sign of most unfavorable import, and sought a consultation. The consultant thought there was no cause for anxiety, yet the child died within forty-eight hours. These, and other cases described by medical men, certainly give ground for the belief that, in some cases at least, the approach of death is heralded by a strange odor, though it is difficult to understand exactly the cause of its occurrence."—*The Literary Digest*.

### ***Ancient History But Still New.***

Let us be homeopaths or let us be something else. But whatever we are let us be known as such. Let us be liberal; but license is not liberty. It is never illiberal to work within the confines of a natural law. If we fail under the law, investigation will always show that we, and not the law, were at fault. And our duty in the premises is not to scold at the law, but to go and learn more. The ascension of a balloon weighing a ton might, to the ignorant, seem a refutation of the law of gravitation, but to the learned it is a further evidence of its truth.—W. J. Hawkes (written in July 1878).

**AMERICAN INSTITUTE OF HOMEOPATHY.**

The coming session of the American Institute of Homeopathy will be the fifty-fifth session in its history. Organized with scarcely a hundred of our fellows, to foster and spread the tenets of our school, it finds itself to-day the organized body of nearly or quite 20,000 acknowledged practitioners of the homeopathic faith. Yes, the entire body of the profession has been called upon the stage since the organization of this our grand old Institute, the oldest national medical society in the United States. What has it done for us? It has inspired noble fathers with a courage, a faith, a conviction, and has given to us a heritage, a knowledge, a conception of the greatest law of cure, and a most honorable place in the world as homeopathic physicians. It has raised the standard of medical education; it has moulded just and kindly legislation; it has swept away the barriers and opened to us every honorable place that awaits an honorable profession; it has given us a literature; it has made us what we are.

And what have we, its children, done for the American Institute of Homeopathy? In its fifty-five years, perhaps 4,000 of the many thousands who in all these years have avowed allegiance to our master, have for a greater or lesser time been members of the Institute. But only the few have been faithful laborers over many years. The greater number have reaped where others have sown. We cannot believe it is aught but the carelessness and neglect of busy life, but had not the Institute moulded public opinion, corrected legislation, and builded for education, how many of us would have had the opportunities for a busy, prosperous life such as we have led? We ask you, who though brothers, are not members with us, to give us your support, and to render unto the American Institute which has cherished you and your interests, that which is its due. From you, fellow members, we ask special and personal work. We ask you in every city of the land to arrange to meet your fellows in social gatherings or around the banquet board on the evening of Wednesday, January 25th, 1899. Let the evening be given to the recalling of the past work of the American Institute, to plans and vows of loyalty for the future, to a seeking of new members, to a recognition of the strength of a united force, to the giving up of the selfishness and thoughtlessness of the individual, to the cultivation of a labor not only for ourselves, but also "for others." The knowledge that on

this one evening throughout the breadth of our land we are all giving ourselves to a common cause, may give to homeopathy and the American Institute an impetus that shall enable to place the child of her love and care on a foundation as firm and strong as the granite hills. And may the medical press of February, 1899, give us reports of hundreds of meetings full of enthusiasm and loyalty, that shall sound from ocean to ocean.

BENJ. F. BAILEY, M.D., President.

EUGENE H. PORTER, M.D., Secretary.

**OSTEOPATHY.\***

GUY B. STEARNS,  
N. Y. Hom. 1900.

From time to time we read of the injection of varying strengths of cocaine into the urethral canal to be followed by rough treatment a few moments later. These statements are always made and accepted as a matter of course. But what of the cocaine? In so sensitive a site as the inflamed mucous membrane of the urethra are we always to assume that the cocaine acts, but just so far and no further? That it will graciously expend its anesthetic energies upon the mucous surface, and not exert a poisonous influence over the whole man (or woman). In a patient—a hard working man, not given to hysterics, where rapid dilatation was a necessity each time of using a 4 per cent solution of cocaine injected carefully and slowly as far as the prostate, caused that unemotional hard working man eight and ten hours of the wildest and almost uncontrollable mental excitation. He was afraid of himself, lest during such times he would do something foolish, if not truly criminal. Isn't it time for the cocaine recommenders to also accompany their always successful treatment with a few instances where cocaine raised the veritable devil in the patient's mind.

Within the past few years a new science has been born which is of special interest to the medical student, since it enters the same field he is studying and claims to accomplish in a better manner that which he intends to do.

While from its age and dignity medical science may be inclined to look with suspicion on such an audacious upstart, it is but fair to investigate and find what its real merits are.

The osteopath looks on man as a machine

\* This system of treatment is so briefly yet so clearly depicted in this article (taken from the "Chironian") that we have copied it in full.—Ed.

which performs its various functions with the most exact nicety so long as every part is in proper relationship to every other part. Disease is but the manifestation of a misplacement of some of the parts of the machine, which results in shutting off or diverting some of the food or nerve supply.

The only pathology the osteopath has is based on this theory; medical bacteriology is entirely ignored. Whatever deviation from the normal is found, a cause is sought somewhere along the line of blood or nerve supply, and the follower of osteopathy simply works to replace the parts.

For causes he looks to the muscular, ligamentous and bony systems in relation to the nerves and vessels passing among them.

To better illustrate their theory let us take a few examples of disease treated by them. We will first consider constipation.

Taking man as a machine, we find the intestines receiving their power from the splanchnic and pneumogastric nerves. If part of the nerve power be shut off, the result is lessened peristalsis, consequently constipation.

The osteopath claims that in every case of constipation the intercostal and spinal muscles will be found contracted from the fifth to the eighth dorsal, resulting in a pressure on the splanchnics, thus shutting off their power.

The treatment consists in stretching the contracted muscles and replacing the ribs, thus allowing the current to resume its normal course. Cases of years' standing are reported cured by one or two treatments.

In dysentery their theory is as follows:

The intestines as part of the machinery of our body are constantly undergoing peristalsis. In the normal condition the waves of contraction are slow and regular, and the food takes the proper time in passing through the tract. But if for any cause the controlling nerve current be turned on with increased force, the result is increased peristalsis; the food is rushed along in an undigested condition, glandular action is increased, and we have before us the picture of a machine running away with itself.

Without trying to explain the condition causing this increase of nerve current the osteopath seeks a center to shut it off. This center he claims is on either side of the spine, just below the last rib; applying pressure in this region long enough to interfere with the nerve current, peristalsis is slowed and the patient is relieved.

Symptoms of fever are controlled by pres-

sure on the vaso motor centers below the occiput, thus slowing the heart and reducing the temperature.

In childbirth, the os uteri is dilated through a reflex nerve action, by pressure on either side of the clitoris.

The pains of parturition are relieved by pressure on a center in the lumbar region.

Kidney diseases are treated through centers in the lumbar region and by manipulations along the course of the nerves and vessels in the pelvis.

In diseases of the lungs advantage is taken of the muscular attachment between the front of the chest and the humerus, whereby, using that bone as a lever, the ribs and sternum may be elevated, thus increasing the chest cavity. Also, by appropriate manipulations along the dorsal and cervical vertebra as far as the occiput, so as to free any compressed nerves supplying either the lungs or muscles of respiration. In diseases of every part of the body, specific or non-specific, this same theory is followed out. Absolutely no drugs are used.

The osteopathic treatment has become very popular through the west and is gaining quite a foothold in the eastern part of the country, and already nine states of the union have passed laws licensing the Doctor of Osteopathy, giving him equal power with the Doctor of Medicine.

### ~ Globules.

The article by Dr. Bailey, president, which appears in this issue, is an appropriate and timely paper, and we hope it may be read and acted on.

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All doctors aint fools an' all fools aint doctors, but some of each is both an' some of both is each.—"Jabez Peabody."

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The Cleveland Homeopathic College has resumed its after-holiday work, and everything is moving along swimmingly.

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A practitioner will introduce successor to a \$3000 practice who will buy my home, worth \$4500. Must change climate. Box 415, Waterbury, Vt.

~

A writer in one of the "literary" magazines, quoting from somewhere else, attempts to prove that disease will never be wholly re-



moved from this mundane sphere. La belle demand! Almost as sapient as that other chap who thought he had sequestered the microbe of Death. More than likely this writer or speaker was addressing some graduating class in medicine and found it commercially necessary to show that doctors are still needed; that there are whole tracts of country where no doctor can be found; and that, therefore, our college will still continue in the doctor-making business.

Forget not the Rudolf at Atlantic City as the hotel for your choice when you visit the American Institute of Homeopathy next June. First-class in every detail.

A German physician arrests post-partum hemorrhage by simply seizing the cervix with one or two blunt forceps and drawing it down to the vulva. This so kinks the afferent vessels as to stop the flow of blood through them.

At apex, mitral sounds are heard,  
The rest this way I learn 'em:  
Aortic right, pulmonic left,  
Triscupid 'neath the sternum.  
—Dr. Rand, Worcester, Mass.

Bell's Diarrhea, not a new book by any means, but an exceedingly valuable one, is upon our table in a new edition, and this time cast in the small inside-pocket book form. Bell is always a desirable companion, and should be at the right hand of every good homeopathic doctor.

When an American homeopathic editor refers to the "Federal Government" doing this or that, it is very easy to understand on which side his sympathies were in the former interstate unpleasantness—or at least, where he was a resident after the war.

The Century Magazine is filled with all the beauties of the holiday season. It is bright with colored pictures and many others in plain or simple black. Its stories are of an unusually bright order and are interesting to the close of the last page. No dry and tiring page in the issue.

Mrs. Eddy is appealing for the truth of her pretended Christian science to the facts of the homeopathic medication where after a certain potency is reached no drug inheres in the medicine. But Mrs. Eddy is not alone in her

belief that homeopathic medicine depends upon the crude continuance or non-continuance of drug in the medicine. There are greater men than she will ever be a woman that have demonstrated that there is nothing, absolutely nothing in homeopathic medication, and there the matter ought to have rested. But it doesn't. There must be something else. For the common people, those who pay the freight, like the practice, and the public records still show that homeopathy is the safest form of medication.

The American Monthly Review of Reviews continues its monthly grist of information without which the busy man is lost. It is all well enough to take many of the popular magazines, but it isn't every man who has either the time or talent to sift out the truth from the mass of fiction with which current news is burdened. And this picking out of the truth and putting it in small compass is particularly the forte of this most excellent journal. Take for instance the Dreyfus case. After reading a month's newspaper notices and telegrams on this case the reader is simply confused and knows nothing. But let him take the Review of Reviews and read a page or two of its masterly presentation of this question and he will be prepared to talk intelligently and interestingly on this or any other topic touched upon by the Review people. A wonderful and valuable magazine.

Are you making any plans for the 1900 visit to the International Homeopathic Congress in Paris? Don't fail to consider this now. One of the large transportation firms of England and this country is issuing monthly payment tickets, to form a club. All the fares must be paid before the tourist leaves America. It is dirt cheap, but has the one disagreeable feature that the travel on the steamer is second cabin and on railways and in hotels and restaurants abroad of the third class. We think there will be no doubt of our ability to arrange a nice medical club, and so avoid the promiscuous mixing of everybody. We are in communication with steamship companies, railways and hotels. If you think of going write to us for information.

The malpractice suit against the Denver College and Hospital has been thrown out of court. It had no business ever to have entered there. In brief: a Denver physician took a case to the hospital, operated on it,

made some mistakes, or alleged mistakes; then the patient by the usual route of hungry attorneys, working on "spec.," brought suit against the hospital corporation. The case was so transparently ridiculous that the court threw it out on non-suit, that is, didn't permit the defendants to present any evidence. And some of the remarks of the presiding judge in throwing this miserable abomination out of the court were to the manner born and will do to remember. We propose at an early day to publish extracts from this notable decision of a most righteous judge. The question always arises in the mind of every thinking man: why do the courts of the land permit such actions to be brought? It is confessedly in the interests of public policy that litigation should not be encouraged; that matters of personal or neighborhood interest should be adjusted before getting to court. And yet the day does not close in which some innocent person is not dragged into unsavory notoriety and made defendant in some shameful legal proceeding, which later on is dropped out of court. Ought there not to be some redress for falsely brought charges? Can not our legislators devise some plan for, in part at least, reimbursing the unhappy defendant, when, as in this case, he is dragged into court, for a transparent blackmail proceeding?

State of New York Civil Service Examinations.—Open competitive merit examinations for the following medical positions will be held throughout the state on February 4th: Medical Interne, Junior Physician, Woman Physician. Candidates from both the regular and the homeopathic schools of medicine are desired. Intending competitors must file application with this Commission at least five days before the date of examination. For further information and for application blank address Secretary, New York Civil Service Commission, Albany, N. Y.

Dr. Cora Smith Eaton, Minneapolis, writes: We have in Minneapolis a club, called The Woman's Medical Club, to which all of the forty women physicians are eligible, and the majority of them are already members. We are trying this year to get representation for women upon the different city, county, and state boards, to which physicians are eligible. We find ourselves most cordially treated, but running against the old wall that other reformers in the status of woman have met, namely: that, women physicians being without a vote are not politically entity. When women are

enfranchised, there will be no question of sex, but only of merit or political influence. I am chairman of the committee on boards and faculties, and am learning not a little of the true inwardness of politics. However, there is a spirit of courtesy and consideration on the part of the men which is encouraging, and I realize that it is not they who work against us, but rather the fact of our political inferiority.

Through some mischance the two following items did not appear in our last issue, as written, and are repeated:

Dr. F. O. Hart, of West Unity, Ohio, has been added to the death roll. Dr. Hart was well known to us and was a most genial and lovable character. A good doctor, a good student, a good friend, and a good man.

The newspaper account recently published in this city detailing the visit of the homeopathic class to the faculty asking for our return is faulty, (1) in that it imports us from the Ann Arbor university which is not true; (2) in making Dr. Baxter our successor, which is not true, because Dr. Baxter has been teaching in Cleveland continuously more years than we have been practicing medicine; (3) in making it appear that we resigned from the college last summer, which is not true, because we were dropped from the faculty—for CAUSE—without notification or trial.

In regard to Bovinine, I think it a very good application for wounds, and it will help to cure some old cases of ulcerations. In indolent ulcers of the leg and feet, no better application can be made than Bovinine.—G. B. Clark, New York.

The New York Institute of Homeopathy (?) seems to be thriving all right and not much disturbed by any sarcastic references unto itself made. There is one thing to be said about New York and Pennsylvania and those Atlantic seaboard states, that when they put their hands to the plow they never turn back. And woe be to him who gets in the way of the furrow.

#### **The American Homeopathist.**

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A. L. CHATFERTON & CO., Publishers, New York.

# The American Homeopathist.

NEW YORK, FEBRUARY 1, 1899.

FRANK KRAFT, M.D., EDITOR, CLEVELAND, OHIO.

## OUR PORTRAITS.



W.M. W. FRASER, M.D.,  
Middletown, Cal.

If you have a patient whose sense of smell is gone, said a homeopathic teacher once upon a time, wrap a bit of absorbent cotton about an applicator, saturate this with nux vomica tincture and insert it in the nostrils as far up as possible. Great is the power of the teacher in making or unmaking a homeopathic practitioner; and correspondingly great is his responsibility. Think how many note books of the students of that former class still contain

this precious homeopathic jewel! When will its glory fade?

The kick-up at Washington by the distinguished latrine-English-using Commissary General has for some time obscured the medical department scandals. What will be the next development in that rotten department? Can this great and good government engage in nothing without night-soiling its fingers? Must there always be a job? The Spanish war which was entered upon with such high moral purposes has, since its close, simmered down into one large, unsavory mess. And the more it is stirred in order to learn who was the chief malefactor, the worse it smells. Governor Roosevelt makes the usual good suggestion when he counsels the institution of honest civil service in all our public life, and refers to the successes attained and obtained in the navy department.

"Three-Board" Paine, it seems, has been trespassing in Illinois looking up the medical practice act, and suggesting improvements. Of course, he had no business to do this. He should have staid at home and let Illinois take care of itself. It usually does. But then Paine is so constituted that when he is possessed of a good thing, he must needs go out and share it with some other one not so happily envired or circumstanced. When he next dares to wipe his dirty feet on the greensward of that noble State, he ought to have a national passport. Even then Governor Tanner might not recognize him or his authority, since the authority did not originate in Illinois. And modern civilization has been witness of one uplifting spectacle of the treatment of "foreigners" from another State. No, we suggest to Father Paine that he bottle up his goodness and send it by express, f. o. b.

"To retain in the membership of a State Examining Board those who are identified

with teaching interests, is plainly a farcical act; completely at variance with the principle involved, and one that would render the elevating forces of the measure wholly nugatory. Hence, proposed laws for establishing State Examining and Licensing Boards, should contain a clause debaring members of a teaching medical faculty from appointment to positions therein." — Dr. H. M. Paine in Hahnemannian Advocate.

This would seem to be self-evident. And yet in Ohio, thus far, there has been no malfeasance in office because of such homeopathic appointment. Indeed, we believe the appointment could not have been improved upon. Still, the possibilities for wrong are there—in the office—not in the incumbent. Are there no men in the profession of Ohio sufficiently well posted in matters homeopathic and instructed in all that goes to make up Homeopathy, without inviting the danger of some day putting a man in this place who may use it wrongly (for his college)? Indeed, the man himself might see the impropriety of running with the hares and hunting with the hounds.

But talking of State Boards and things of that kind, where will you find a more harmonious set of gentlemen than those composing the Ohio Medical Registration and Examination Board? They meet, and act, and part in perfect amity. No case of flagrant wrong has ever yet been alleged as to them or either of them. The Medical Examination Law of Ohio, so far as this Board is concerned, is being properly enforced and without friction. How many other States can point to so happy an example? We know what Pennsylvania did for one of its banner colleges. Wonder, if the solution of the problem is not after all in the selection of men—who are men—and not merely third-rate politicians. Ohio is very well satisfied, and if "Three-Board" Paine wants to come here and see how good and how pleasant it is for brethren to dwell together in unity—outside of college matters—he may, and we won't "sick" the dogs on him either, or make sarcastic remarks concerning him when his back is turned, or he is on his way home.

A doctor in New York has now startled the world with the discovery that the telephone receiver is a prolific source of grippe infection. In company with a distinguished bacteriologist this sapient doctor examined a number of public telephone station receivers, made cultures of the cotton-impregnated-breath and found them

filled with multitudes of grippe microbes. He concludes, however, that one reason why every one using the 'phone does not take the grippe is because of lack of susceptibility, and there you are. And that knocks the whole superstructure into a cocked hat. If a man be not susceptible to anything, he will not take it. And that's what the anti-bug-eiologists have contended for from the first. And yet our ears have been dinned and shot through with the claim that if any one were exposed to a disease he would surely take it: tuberculosis, for instance; diphtheria, for another instance; and so forth. The telephone company will probably survive this new form of trouble.

The Homeopathic Recorder "man" has it in for us because of our publication of an item from a "homeopathic magazine" concerning the proprietorship of medical journals by colleges or business houses. Brother Anshutz was perhaps the only editor at whom the original author of the squib was not aiming. And certainly the American Homeopathist had no rod in pickle for him. The notice in question was cut from a homeopathic magazine, was mislaid on our table, and when found could not be identified; that was why it was not named. The Homeopathic Recorder is one of our best homeopathic exchanges. It is one instance where the interested business end does not perceptibly govern the editorial end. It is thoroughly homeopathic. We are under obligations for the bouquet thrown at us. We believe, however, that no one, knowing us, will for one moment believe from the fact that our publishers are general medical book publishers, that they have anything to say concerning the general conduct of the AMERICAN HOMEOPATHIST. Any one who has read after us for a few years will understand that some of our outspoken strictures on men and things have frequently alienated such men and valuable business interests from our subscription list and advertising pages. But we have yet to hear of the first complaint from the "box-office."

The time is approaching for the preparation of papers for your State society. Have you looked up your subject? Have you determined that whatever it may be, you will bear down extra hard on the homeopathic idea; that is to say, make the operation or the case show with particular plainness the value of the homeopathic principle? If you haven't thought of doing so, try it on this time, and see how much homeopathic enthusiasm you can rouse in the

meeting. Operations are all right enough when you are addressing a class of specialists or students; but when you address a State society you must remember that the great majority of your listeners are general practitioners with ears and note books wide open to catch new points in homeopathic treatment. The general practitioners may also conclude that you use the State and other medical societies only to advertise your unusual ability in your specialty. Being forbidden to advertise as an honest merchant or a dishonest doctor may do, they may conclude,—these poor general practitioners who still believe a good deal in homeopathy,—that you find it cheaper to attend the societies and air your special skill, than to stay at home and get your big cases and some times big fees. Let us have a revival of Homeopathy!

And still harping on this theme, we call attention to a paper in this issue by Dr. Biggar, having relation to Medical Examination Boards—the ultimate object being to elevate the medical profession by examining at the beginning of the matriculant's career instead of at the close, as now practiced. He desires to make it harder for a man to get into the college and easier to get into the profession. This means, of course, a complete upturning and overhauling of present ideas on this subject. But isn't that just what is imperatively demanded by the many abuses in the old system? Think of some other form of business or occupation where the methods obtaining in its conduct a hundred years ago, continue to be the methods of to-day. Think of any other associated body of men and One Woman, with a large claim on the public for sympathy and finance, which elects itself from among itself, which passes upon its own virtues and goodnesses by a majority vote of those present at any regular meeting, which may make or unmake a professor or a student at its own sweet will—at the dictation of The Man with the Axe to grind. If the alumni, as Dr. Biggar proposes, is held responsible for the conduct of the alma mater in filling the profession with undesirable members—and *not* the indifferent, self-electing dividend-collecting professors or stockholders, then there is hope that the medical school may take rank with other open-and-above board, fair-play courting modern institutions.

The Cleveland medical profession has now to view the disgraceful spectacle of one of its chief (medical) city officials being dragged into court on the charge made by another city em-

ployé, of alienating the affections of the latter's wife. We care naught for the instance in hand—the usual charges and countercharges are filling large space in the sensational press; we refer to it only to voice the belief of the profession that about 99 per cent of these cases, like the malpractice suits, are for blackmail or revenge. It seems an anomaly in this age of the world, with our boasted civilization, that in the eyes of the law the woman in the case is never considered an entity gifted with reason and resistance. Where does our One Woman come in? Where the boasted equality of the sexes? Hath not a woman eyes? Hath not a woman hands, organs, dimensions, senses, affections, passions; fed with the same food, hurt with the same weapons, subject to the same diseases, healed by the same means, warmed and cooled by the same winter and summer, as man is? How long will woman continue this pitiful, wavering, insignificant figure in the pages of the old law—who may be misled, and seduced, and aborted, and married, and all o' that, and all o' that against her will? In this there is no quarrel with woman; it is with that ancient reading of the horn book which made woman man's slave, without voice or power. Why should the man always be held guilty and never the woman? Our knowledge of women in and out of the profession puts her on a level—to make it no stronger than that, for the purposes of this article—puts her on a level with men in whatever place they labor on equal footing. And outside of such conjoint labor in her domestic and social circle, with the multitudinous details devolving upon her, she is pre-eminently the peer of any man in his exclusive domain. It is a fact that woman herself chafes at this assumed insignificance of her sex, in that she never forgives a woman for transgressions of this nature. [A man wrote the above.]

### **Materia Medica Miscellany.**

Conducted by J. WILFORD ALLEN, M.D., 110 West 12th Street, New York.

References in this department are made by number. See issue of January 1 or December 15 of each year.

#### ***Equisetum in Cystitis.***

Dr. Simon<sup>28</sup> says *Equisetum* has the following symptoms: Painful sensitiveness of the bladder, which does not cease after micturition, sensitiveness of the region of the bladder and pain extending from the inguinal region

toward the abdomen. Painfulness of the testicles and of the seminal vessels, very frequently after painful urging to urinate, not always assuaged by satisfying the demand. Urine, small in quantity. First effect: polyury (copious micturition) with clear urine, accompanied with many erections, burning in the urethra without any discharge.

***Fraxinus Amer., Helonias and Alumina in Uterine Displacements.***

Stevens<sup>15</sup>, of Detroit, in closing a paper on this subject says:

As to remedies—I must confess that during the past year I have become somewhat empirical. After reading Burnett's book on "Organ Diseases of Women" I have used with most gratifying results *Fraxinus Americanus* in three to five-drop doses three or four times a day in cases of displacement, particularly where subinvolution or congestion exist. In unmarried women, whom it is not desirable to treat locally, it often accomplishes a cure. In the married women it acts quite as efficaciously.

*Helonias dioica* 1x is also a favorite prescription of mine in ovarian difficulties. *Alumina* 30x is often curative in co-existent constipation where there is a relaxed perineum and a lack of tone to the bowel, so that the expulsive force is diminished.

I am not so empirical as to use only the three remedies I have mentioned, for I do endeavor to make a homeopathic prescription in all cases, but I mention these three remedies as being frequently used, and the first one—*Fraxinus*—empirically.

***Headache Powders.***

An inquest was held recently on the body of a young man who died from the effects of taking two "headache powders." From the analysis of the contents of the stomach it appears that the powders in question were composed of antifebrin, but the exact quantity administered was not ascertained. Antifebrin, like most aniline derivations, is a drug which should be employed with especial caution. It is officinal under the name of acetanilide, and its potency is sufficiently indicated by the fact that the maximum dose assigned to it is only three grains. There have been many cases of poisoning from the injudicious administration of this remedy, the symptoms produced by it being of the aniline type. The patient usually complains of giddiness, noises in the ears,

throbbing in the temples, and a dull, heavy pain in the head. The face becomes livid, the lips are blue, and the pupils are contracted. This is followed by symptoms of collapse, the face and extremities are cyanosed, the skin is covered with cold clammy perspiration, the pulse is feeble, and respiration becomes shallow and frequent. There is no specific antidote, and after the administration of a brisk emetic the sufferer should be kept in a strictly recumbent position, and plied vigorously with stimulants. The effects are usually of considerable duration, and in one case the patient was not out of danger for fourteen hours. We are informed that there is a considerable demand for powders of this description, the purchasers being chiefly young women of the seamstress class. Whether the sale of these drugs should be in some way restricted may be an open question, but it is quite clear that some intimation should be given that they are not free from danger, and that they cannot be taken in unlimited quantities with impunity. Many people acquire an unfortunate habit of dosing themselves with remedies of unknown composition, and this death under such sad circumstances may be taken as an indication that the custom is not one which can be indulged in with safety.

***Kali phos. and Anacardium in Nervous Dyspepsia.***

Laird, of Watertown, N. Y.,<sup>20</sup> says: In many symptoms these two remedies are almost identical. Both have accumulation of gas in the abdomen, frequent eructations, and the same weak, gone, sinking feeling in the epigastrium, extending through to the spine. In both these symptoms occur as soon as the stomach is empty or partially empty, and in both the distress is relieved by eating.

In *anacardium* the symptoms occur with almost clock-like regularity, two hours after a meal; in *kali phos.* the interval may vary from one to three hours, but patients are not always close observers, and we can, therefore, place but little reliance upon this distinction. Neither can we depend upon the fact that *anacardium* has a more marked gastralgia than *kali phos.*, for many of our worst dyspeptics never have any severe pain in the stomach.

Clinical experience has taught me to rely upon the following symptoms in making a differential diagnosis: Both the *anacardium* and the *kali phos.* patients have frequent aggravations or relapses; but in *anacardium* these

are always due to dietetic errors, while the kali phos. patient is invariably worse after excitement or worry, no matter how rigid the diet may have been. In other words, the causes in the former are physical, in the latter, mental.

Again, the kali phos. patient is always decidedly nervous, and the more strongly the neurasthenic element is marked, the more surely is the remedy indicated.

A third important distinctive sign is the condition of the urine. Two years ago one of my patients drew attention to the fact that every outbreak of the gastric trouble was accompanied by a marked diminution in the quantity of urine, which had a milky appearance and deposited a thick, white sediment on standing. Chemical analysis showed that this deposit consisted of phosphates. Repeated observations have shown that this condition is invariably present in nervous dyspepsia when kali phos. is indicated.

The excess of phosphates varies greatly in different patients; in some instances it is so great that the urine is turbid, while in others it is so slight that it can be detected only by a careful chemical analysis.

The indications for kali phos. in nervous dyspepsia may be summed up in four lines:

A neurasthenic patient:

"All gone" feeling in stomach, temporarily relieved by eating.

Aggravation of the gastric symptoms by excitement or worry.

Diminished urine with excess of phosphates.

### **Water.**

Bulkley, of New York,<sup>28</sup> says: People in general drink very sparingly of water except at meal-time, the very time when little should be taken, especially in atonic conditions of the stomach. As a remedy it should be taken between meals in large quantities (several glasses), hot or cold as the patient desires. Taken at this time, when digestion is nearly at an end and the stomach comparatively empty, it flushes the alimentary canal and kidneys, stimulates the flow of bile through increased peristalsis, increases elimination through the skin, and, above all, dilutes the dangerous poisonous bodies retained in the economy and lessens the irritations of the kidneys in their elimination. These facts of course we all know, but numbers of us do not place the value we should upon this invaluable remedy. How many of us order three glasses of pure cold water between meals and before retiring? The patient will often follow these directions

better if a tablet of some kind be prescribed with the water, as of lithia or some harmless salt, or by ordering a mild mineral water. Dr. Bulkley prefers it taken hot, "experience from Nature tells us that it will be of most service warm or hot."

### ***Pulsatilla as an Antidote to Quinine.***

James<sup>29</sup>, of Philadelphia, says: I have in my recollection the case of a woman who lived very near my office, and I had frequent occasion to enter her house to see other people, and I have seen her many a time suffering intensely with pain and congestion in the vertex, and she would become almost insane with the violence of the pain and the intensity of the congestion, and, finally, seeing me going in and out all the time, she decided to call me in to attend her. I found out the history of her case was that she had had the grippe, and had been under the old school treatment and they had dosed her extensively with quinine, and she had had the most tremendous congestion as the result, and there seemed to be no possibility of suppressing the pain or relieving the congestion; and, finally, in utter despair she gave up medicine altogether. She would have attacks two or three times a month, and never got any relief, and she would go around the house with cold water compresses on the top of her head. That was two, possibly three, but certainly two years, after she had ceased to take the quinine when I began to treat her. I studied her case carefully, and in the first place gave her sac. lac., because I did not know what the remedy was, and I finally decided to give her Belladonna, with a great deal of relief. Then I went to Pulsatilla, which Dr. Lippe claimed was an antidote of quinine, and I followed that up very carefully, and the result was I entirely cured her; she never had any more attacks after taking the Pulsatilla. I think I spent some four or five weeks on that case and completed in that time a cure which she was unable to obtain after probably four years of simply waiting for the thing to disappear spontaneously, she said she hoped it would disappear of itself.

### ***Colchicum in Rheumatism.***

Colchicum has a special affinity for fibrous tissues and hence is an excellent remedy in rheumatism. The best results have been secured with the lower potencies although some grand cures have been noted with the higher. It resembles pulsatilla in its rapidly changing pains and in the time of aggravation which is

in the evening: A patient when colchium is called for, is irritable, the very slightest pains appear unbearable, and the external impressions, such as noise, light and strong odors, are annoying. The urine under colchium is dark-red and scanty, which is exactly the condition found in rheumatism.

Farrington states that colchicum has a marked aggravation in the evening and that the affected joints are swollen and red. The colchicum pains appear about the neck and shoulders, or, in a small part of the body at a time and then shift quickly.

### ***Chloride of Sodium in Ringworm of the Scalp.***

George Steele Perkins, M.D.<sup>37</sup> The following method of treating this obstinate affection, in consequence of its extreme simplicity and the very definite results claimed by the writer, seems worthy of a trial. He says: "For the past fifteen years I have treated every case of ringworm which has come under my care with chloride of sodium, and with complete success in every case. The first case in which I adopted this treatment was a chronic one of five years' standing. The child was well in three weeks and had no return. Many of the cases have been chronic. The method I adopt is the following: Have some chloride of sodium finely powdered and mixed with a little vaseline to make an ointment. The affected part having been shaved, rub the ointment in well night and morning until the place is sore; this takes from two to four days. Then apply some simple application to aid healing. When well from the soreness, the hairs will be found growing healthily and the tinea trichophyton destroyed."

### ***Hydrochloric acid in Sciatica.***

A somewhat remarkable instance is recounted<sup>38</sup> of a patient having arrived at the successful method of treatment for himself by the merest accident—an accident, too, which was founded on a blundering ignorance of chemistry. A man who had suffered for many years from sciatica was treated in an Algerian hospital by means of hypodermic injections of salt and water, but without much success. After he had left he bethought him that perhaps the salt was not strong enough, and that a stronger preparation of salt might be more successful. He, therefore, procured some "spirit of salt" (hydrochloric acid) and painted it on the skin, getting rid of his long-standing

trouble in a few days. Having occasion, shortly afterward, to attend the hospital for some other affection, he confided in Dr. Bourlier, professor of therapeutics, whom he saw, how he had managed to get rid of his sciatica. The gentleman thought the plan worthy of trial, and employed it in several cases with invariable success. The procedure is simple. Half an ounce of strong hydrochloric acid is put in a small cup, and applied with a brush over the painful part of the nerve, three or four coats being painted on. The limb is then enveloped in a cotton-wool dressing. The application causes a somewhat severe smarting sensation, but this is quite bearable. A few minutes afterward the skin becomes reddened and hot, and sometimes bullæ are formed, which fill with fluid. These, even if they occur, disappear in two or three days. Usually the patient feels better even after a single sitting. The application can be repeated in from twenty-four to forty-eight hours, but not again for several days for fear of producing sloughs. Where there are bullæ, they must be avoided in subsequent applications. No serious inconvenience is caused by the hydrochloric acid such as was experienced when a similar procedure was attempted some years ago by Dr. Legroux with strong sulphuric acid, which was found to be liable to cause extensive sloughing of the skin. The patients referred to were all reported as cured in from three to five sittings, extending over from a week to twenty-five days.

### ***Poisoning from Camphor.***

Dr. A. Berkholz<sup>37</sup> reports the case of a young woman who took about fifteen grains of camphor suspended in water, probably with the intent of producing an abortion. There were no immediate symptoms. After about two hours there were severe headache, vomiting, convulsions, and a comatose state; the pulse was very full and strong, and respiration rapid. The patient became highly excited, screamed, sang, and tossed about; the sensorium was completely benumbed. After repeated stomach washings and the administration of chloral and bromides, improvement set in and the patient recovered in a few days.

### ***Calendula off. in Gall Stones.***

Dr. R. T. Cooper,<sup>34</sup> reports a very interesting case of this affection cured by internal use of calendula. He has noticed prior to the presentation of this case a symptom observed by one of his patients who had taken calendula, i. e., everything looked yellow, and having no other symptom to prescribe upon, sent to the patient



with gall stones this remedy. He prescribed *calendula*, and after a few days' treatment the patient reported himself much better. Four weeks after she claimed to be entirely well. Her diet was not changed and the only thing added was cider as a drink.

### *Atropine in Delirium Tremens.*

Touvime,<sup>19</sup> starting from the standpoint, based upon the researches of Mendel and Krukemberg, that in delirium tremens certain regions of the brain are in a state of depression, has tried various mendicaments with a view to counterbalance and dispel the cerebral depression.

He administered atropine to eleven alcoholics affected with delirium tremens, of whom five had the furious and six the calm type. In ten cases the patients became quiet shortly after a single injection and fifteen minutes later were asleep. The dose employed was one milligramme (about one sixtieth of a grain) of sulphate of atropine subcutaneously. In one case alone, notwithstanding the administration of a larger dose of one milligramme and a half, the patient continued very restless. The injection was made in this case in the evening; in the morning, after a cold effusion, the patient became calm. The following night he slept well.

Further, Touvime resorted to injection of atropine in a case of post-typhoid psychosis in a non-alcoholic. Two injections daily were given — namely, morning and evening — the dose being again one milligramme. The patient was completely cured in five days.

### *Sciatica.*

A. P. Williamson, M.D.,<sup>20</sup> The most frequently called-for remedy, in our experience, is *aconite*, particularly in recent cases. It quiets the patient's anxiety, subdues the restlessness and occasionally relieves the pain.

In looking over our case-book we find the next most used remedy is *cimicifuga*. In cases where the whole leg is involved, and every part is tender to touch and aches, this remedy will help very much. In several instances it was the only drug given. Improvement began at once on its administration, and continued until cure resulted. The very lowest potencies should be used.

*Colocynth* is a favorite remedy, according to some of our writers on *materia medica*. It is certainly frequently indicated by the shooting pains, or the paroxysmal cramping of muscles, with relief from relaxing the affected muscles, but in our experience it has rarely shown itself

worthy of its endorsements. We have found, however, that *dioscorea*, with the same indications, will act at once, and give the patient ease. Another most useful symptom pointing to *dioscorea* is a pain which has a point of greatest intensity, with pain of lesser degree surrounding it, or elsewhere in the body. This is a much-neglected remedy in painful diseases, and is worthy of trial in cramping pains, or those with a central point of intensity, whether in the muscular apparatus or elsewhere.

*Ledum* has done good service, especially when the disease seems to begin down the leg, and either progresses upward or the pain shoots upward. It will also help those cases which have a point of greatest intensity near the heel.

*Rhus tox.* is often highly recommended, but it has disappointed us, especially in acute cases. In old sciatica of a mild type it will moderate the pain, and perhaps enable the patient to endure it. *Ruta* is another which we have found helpful. It has not received the attention it deserves. It is particularly indicated when the pain is deep-seated and the limb is very sensitive to hard pressure, such as the edge of a chair when sitting. It helps subacute cases, when they are made worse by sudden changes in the weather, and the patient is so nervous that he cannot sit still, but finds relief by walking.

Subacute cases likewise receive help from *ferr. phos.*, *gels.* and *ignatia*.

### *Arsenical Poisoning.*

W. H. Taylor, M.D., in Medical Register, gives a group of cases of arsenical poisoning. It is interesting from a homeopathic standpoint to note the symptoms, which were: vomiting, purging, thirst and more or less burning pain in the stomach. A small quantity of blood was mixed with the vomited matter in two of the cases, one of them being the case of the boy. There was no purging in one case—that in which the symptoms appeared latest, and in other respects the attack in this case was a mild one.

The symptoms of arsenical poisoning resemble those of *cholera morbus* much more than they resemble those of any other disorder of the stomach and bowels. They have again and again been attributed to that disease by both physician and patient in cases where there were no suspicious circumstances to awaken the idea of poison. And, on the other hand, cases have occurred where an attack of *cholera morbus* has been mistaken for arsenical poisoning.

### QUESTIONS AND ANSWERS IN MATERIA MEDICA.

Prepared by EDWARD FORNIAS, M.D.,  
Philadelphia, Pa.

Give the stools of *magnesia muriatica*.

Large, difficult, crumbling as they are voided.

Give indications of *magnesia mur.* in menses.

Great excitement at every menstrual period, and a pressing down in iliac region. Hysteria with constipation.

When is *magnesia mur.* indicated in pregnancy?

When attended by gastric derangement with a continual rising of white froth in the mouth. Eructations tasting like onions.

When is *leptandra* indicated in hepatic troubles?

When the stools are tarry, mushy, with a weak feeling in stomach and great distress in the liver. Griping, but not straining after stool.

Give headache of *lilium tigrinum*.

Running up back of head; says she will go crazy.

Give heart symptoms of *lilium tig.*

Feels as if it were pressed between two boards. The pain ceases, begins again, and again ceases.

Give the uterine symptoms of *lilium trig.*

Flabby, weak, atonic condition of uterus and ovaries; dragging-down feeling, better from pressure below. Pain going from one groin through to the other, then down the leg.

When is *kalmia latifolia* indicated in heart trouble?

After rheumatism. Mitral insufficiency. Pulse slow and weak, scarcely perceptible. Coldness and weakness of lower limbs.

When is *lachesis* indicated in diphtheria?

When it begins on the left side and extends to the right (*lyc.* opposite). Dark, purplish appearance, with stringy, mucous discharge (*kali bich.*). Intolerance of the least pressure about the throat.

When is *lachesis* indicated in typhoid fever?

Eyes yellow-colored; trembling of the tongue; or catches on the teeth when protruded. Always worse after sleep. Loquacious delirium; suspicious even of friends.

When is *lachesis* indicated in boils, abscesses, ulcers, etc.?

When they assume a dark, purplish appearance. Tendency to gangrene (*ars.*). It is excellent for all troubles at the climacteric period.

Give the mania of opium.

Mania-a-potu; with dullness of senses, and at intervals sopor, with snoring; in old, emaciated persons; sees animals; affrighted expression of face. Loud stertorous breathing.

Give the apoplexia of opium.

Sopor and unconsciousness with half-open eyes and dilated pupils; red, bloated, hot face. Rattling and snoring with wide-open mouth; stertorous breathing (*nux v.*). Extremities convulsed. Tetanic rigidity of whole body (*nux v.*). Pulse low.

Give the constipation of opium.

Torpor. Costive for a week, with loss of appetite. Stools of *small, hard, black balls* (*plumb.*). Corpulent women. *Chi'dr.n.*

Give the cholera infantum of opium.

Stupor; snoring convulsions. Stools watery, offensive and black. Child looks like an old man.

Give diarrhoea of opium.

After fright, involuntary; thin and fetid.

Give convulsions of opium.

From fright or the approach of strangers (children). Tetanic rigidity. Opisthotonos. Spasms being with loud screams, then foam in mouth, trembling limbs, eyes half open, pupils large and insensible to light.

Give typhoid symptoms of opium.

Stupor, can scarcely be aroused; eyes half open, dark red face. Mild delirium or loud talking. Stertorous breathing. Impending cerebral paralysis. Thinks he is not at home. Retention of urine with drowsiness and sleepiness; with bloated face due to fright, or passion of nurse.

In what class of patients is *psorinum* indicated?

In psoric constitutions; lack of reaction after disease (*sulph.*); scrofulous skin eruptions, with tendency to suppuration. Stools very offensive, like rotten eggs and carrion (*lach.*).

Give the whooping cough of *drosera*.

Violent, spasmodic, paroxysmal cough; threatening suffocation (*hepar*). Worse after midnight, and from drinking. The child vomits first blood, then mucus. Bleeding from mouth and nose may take place (*bry.*).

**Give the general indications of dulcamara.**

Troubles from taking cold in low, damp places. Congested mucous membrane. *Dry coryza*, worse from motion (bry.); better from rest; renewed by every cold change (gels.); dryness of mouth without thirst. (Bryonia, dryness of mouth with much thirst.)

**Give the diarrhoea of dulcamara.**

Diarrhoea from taking cold in damp places, or in damp weather. (Nux m.). Stools yellowish, greenish, watery or whitish. Colic before and during stool.

**Give the nettlerash (urticaria) of dulcamara.**

Much itching; parts burn after scratching; increase in warmth, disappear in cold; with gastric fever.

**Give the indications of digitalis in heart trouble.**

In all heart troubles attended by an irregular or intermittent pulse; pulse small and slow; sharp stitches, or contractive pains in region of heart. Sensation as if the heart would stop beating if one moved. Palpitation excited by talking, motion, or lying down.

**Give dropsy of digitalis.**

Doughy swelling which easily yields to pressure of finger. Hydrothorax from organic heart disease. Strong, visible pulsation of the heart and irregular pulse (ars. and spigelia). Dropsy of knee-joint and scrotum.

**Give the vertigo of conium.**

Rotatory. Particularly when lying down or when turning over in bed. Venous abdominal hyperemia. Chlorosis.

**Give indications for tumors of conium.**

In cancerous glandular tumors, with marked indurations, especially mammae and testicles. Pain in the breast during menses.

**Give urinary symptoms of conium.**

Much difficulty in voiding urine; it flows, then stops, then flows again. Especially in the aged with weak memory.

**Give the uterine hemorrhage of creasotum.**

The blood is profuse and dark; then for a few days a bloody ichor with pungent odor which is very corrosive; then changes back to the black clot, and so on.

**Give the lochia of creasotum.**

The discharge is very offensive and excoriating; decreasing and again increasing at times, sometimes almost absent to return again with abundance.

**Give menses of creasotum.**

Flow intermittent, acrid, offensive, excoriating the surrounding parts.

**Give the aloë dysentery.**

Urgency as with diarrhoea. The stools consist of bloody water, or of blood and mucus, coming out in jelly-like masses. Before the stool, griping in hypogastrium (nux v.) During stool violent tenesmus, with escape of much flatus. After stool, prostration, fainting, profuse, clammy sweat and protruding piles. The griping may or may not cease after stool, and great rumbling in the bowels is an additional indication.

**Give the pneumonia of veratrum viride.**

High temperature; pulse, hard, strong, quick; or engorgement of the lungs, with faint feeling in the stomach, nausea, slow or intermittent pulse.

**Give heart symptoms of veratrum vir.**

Burning, pricking, or dull aching in cardiac region. Heart beats loud, strong, with arterial excitement; or low and feeble fluttering.

**When is iodine indicated in marasmus?**

When child has a brownish face, and copious papescent stools, and seems better after eating.

**When is iodine indicated in croup?**

When there is pain in the chest and larynx, with wheezing and sawing respiration (hepar). Child grasps the larynx (aconite); pale; coldness of the face in fleshy children; the voice is deep, hoarse and rough.

**When is iodine indicated in female troubles?**

When there is great weakness during the menses, especially on going up stairs; long lasting hemorrhages; dwindling away of the mammae, especially in scrofulous persons.

**Give stools of magnesia carbonica.**

Green, watery; regularly every three weeks. Stools like the green scum on a frog-pond. Sometimes white masses like tallow are floating in the green stools. Sharp pain in the abdomen before stools.

**Give menses of magnesia carb.**

Every effort to menstruate is attended with sore throat, which subsides only on the appearance of the menses.

**Give spermatorrhoea of zincum metallicum.**

Emissions without dreams; face pale; sunken, blue rings around eyes; atrophic testicles. The emission during an embrace is too rapid; or difficult and almost impossible.

**Give the spasms of zincum.**

Child cross before the attack; body hot; restless at night, fidgety feet, right side twitches. Pale children during dentition.

**When is zincum indicated in nervous diseases?**

Beginning of locomotor ataxia, when lightning-like pains are marked and intense.

**Give headaches of zincum.**

Interral, mostly semi-lateral, or in sinciput or occiput; worse from wind, in a warm room and after eating. (Zincum picricum better for dull, heavy, periodic, occipital headache.)

**Give whooping cough of cuprum.**

Long-lasting, spasmodic cough; completely exhausting the patient; cannot speak; breathless; blue face; rigid; stiff (coral rub.); spasmodic twitches; unconscious; vomiting after regaining consciousness.

**Give the cholera Asiatica of cuprum.**

Terrible cramps in abdomen and calves of legs.

**Give the spasms or convulsions of cuprum.**

Clenic spasms, beginning at one point, and spreading; epileptic convulsions, preceded by drawing in of left arm; limbs abducted; convulsions coming on during sleep.

**Give the uterine symptoms of cuprum.**

Amennorhea; dysmenorrhea; violent cramps in abdomen causing nausea and vomiting; piercing shrieks; great distress.

**Give the dysentery of mercurius solubilis.**

Bloody stools with constant tenesmus (a "never-get-done" feeling), worse at night.

**Give rheumatism of mercurius.**

Terrible bone pains, worse at night, in bed, with much sweating, which does not relieve. (Syphilitic or gonorrheal origin.)

**Give tonsillitis of mercurius.**

When pus has formed, with much salivation and chilliness, or when there are dirty, flat ulcers on tonsils. Worse at night, tongue red with dark spots.

**Give leucorrhoea of mercurius.**

Always worse at night. With itching, burning smarting, corroding. (The gonorrhoea has greenish discharge and chordee.)

**Give the throat symptoms of nitric acid.**

Sensation of a splinter (after abuse of mercury).

**Give the hemorrhages of nitric acid.**

After abortion or confinement, with violent pressure, as if everything was coming out at vulva (bell.); with pain in small of back, through the hips and down thighs.

**EARACHE.**

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The treatment of earache depends upon its cause. That cause may be local or general; it may be mechanical or constitutional.

If the pain be due to the pressure of a foreign body or a mass of hardened cerumen, common sense dictates the treatment. Any internal remedy, chosen symptomatically, will not of itself relieve the case.

On the other hand, if the cause be general, local treatment alone can do no more than to allay the pain. It cannot cure the case or give complete relief of the annoying symptom.

These truths are self-evident; but the fact is, it is often difficult to determine the exact cause of the trouble. This is especially true of the "reflex" earaches.

By the way, the reflex is in danger. Indeed, it is said already that the sympathetic nervous system is but a part of the general nervous system and not, as we supposed, a separate system, possessing governing power independent of the cerebro-spinal axis.

This new truth is science has led some men, bolder than laymen, to declare that the reflex is an absurdity. This doctor declares there is no such thing. If he is right, and the laity discover the truth, you and I will need to change occupations. There will then of a certainty be a kinship of the specialist and the general practitioner, and there is one maxim so thoroughly demonstrated that it can never be overthrown, "Misery loves company."

A few months ago the profession awakened to the knowledge that the human stomach is not necessary to human life. It has been forced upon us that the stomach is not a vital organ—it is simply a vital organ. The fact that the patient in this case was a woman leads some to doubt the validity of the conclusion. It is held by many that a male human could not long survive the removal of an organ of such traditional value. However, we are in the realm of pure theory.

The subject of dental irritation in its effects upon the ear, causing and influencing the course of disease in this delicate organ, is one of considerable interest. Owing to its intricate nervous connections, the ear is brought into sympathetic relationship with disturbances arising in various distant organs of the body, such as the heart, stomach, genito-urinary system, brain, etc. Furthermore, the teeth, the soft palate, and the membrane lining the oral, nasal and pharyngeal cavities, are thereby in

direct relationship with the drum-head, the tensor tympani muscle, the lining membrane of the tympanic cavity, and the external auditory canal.

Every practitioner has seen many cases of earache undoubtedly reflex in origin. In my judgment the majority of them are due to the condition of the teeth. In such cases the dentist is the specialist needed to remedy the trouble.

Many times earache, neuralgic in character, follows exposure to cold or wet, especially wetting the hair. If simply neuralgic, the case is readily relieved by the internal remedy or some simple local application.

The abuse of quinine or salicylic acid, among other baneful effects, may produce acute inflammation of the middle ear accompanied by severe earache. The etiology of such a case dictates its treatment.

When the tympanum becomes decidedly hyperemic, no matter what its cause, the case is more troublesome. It is still more difficult to relieve when the cavity fills with secretion, the membrane bulges and the case becomes surgical. It is not the purpose of this paper to discuss the latter condition.

In the treatment of earache it is well to see that the eustachian tube is opened either by Valsalva's method or the Politzer bag.

Heat may be applied by gently pouring warm water into the external canal. The use of the piston syringe should be avoided, as the force of the stream so applied may greatly aggravate the pain. It is better to pour the liquid from a warm spoon or a fountain syringe near the level of the head may be used. If the appliances are at hand, steam may be used instead of water. Rubber tubing attached to a radiator valve is a splendid way of conducting the steam to the ear.

Dry heat is grateful to most patients, and it may be applied by the hot water bag, bags of salt, or the Japanese pocket stove.

In general it may be said that oils and fats are not to be used. They obscure the parts, and if the case progresses to the surgical point, may prove embarrassing. However, the old household remedy, laudanum and sweet oil, has doubtless relieved many earaches.

Another "old woman's remedy," warm, strained honey, is frequently used in the country, and is helpful because it applies and retains heat.

The vapor of chloroform will relieve some cases as by magic. This may be applied by inserting in the bowl of a pipe a bit of cotton saturated with chloroform, and placing the

mouth over the bowl, the breath will force the vapor through the pipe's stem to the ear of the patient. Tobacco smoke may be used in the same way.

Tincture of aconite or tincture of bryonia, applied on cotton, will give relief in some cases.

I desire to call your attention to two prescriptions which have been very useful in earache.

Camphor chloral,	5 minims
Almond oil,	25 minims
Glycerine,	30 minims

S. Warm and drop in ear.

Ext. plantago major,	4 dr.
Tinct. bell.,	15 minims
Tinct. acon. rad.,	10 minims
Magendie's sol. morphine,	20 minims
Aquae dest. q. s. ad.,	1 fl. oz.

S. Warm and drop in ear every five minutes if necessary.

The following compilation of symptoms may assist in the selection of an internal remedy.

This remedy is indicated in earache following a sudden change of temperature. If in a child, there are usually the common congestive symptoms of the drug. Any noise, even music, is intolerable to the patient. Tinnitus accompanies the violent pain. All the symptoms are worse at night and aggravated by warmth. The patient feels better during the day, especially in the open air.

Unless given immediately after exposure, in my experience, aconite is useless. In this respect it differs from a drug, ferrum phosphoricum, which otherwise is very similar in its action. Where the period of usefulness of the former drug is short, the latter is indicated for several hours. I believe, too, that aconite, when indicated in earache, is most serviceable in the lower dilutions.

When indicated, the patient is feverish, has a flushed face, headache and usually the sore throat and other characteristic symptoms of the remedy. In the ear are digging, boring, tearing, shooting pains which come and go suddenly. With each paroxysm of pain the child may start from his sleep and utter a sudden cry. The congestion of the tympanum and tympanic membrane is pronounced. The patient may roll his head from side to side and moan from pain. There are tinnitus, usually some deafness, and on swallowing, stitches in the throat. All the symptoms are worse at night and relieved from warmth.

The hearing power is apparently increased in an exceedingly nervous patient. The slightest sound startles him. The earache is par-

oxysmal and, with each attack of pain, the child shows its great nervousness by a sudden start. There may be some soreness and feeling of heat in the ear. The borax earache comes on in the early hour of the morning and, unlike belladonna, is made worse by warmth. The great characteristic of this remedy, of course, is the dread of downward motion.

While not frequently indicated in acute earache, this remedy is of great value when the mastoid is painful to touch. There is burning pain in the ear, worse from cold and at night. Warm applications relieve the pain. Capsicum is especially to be thought of in subacute inflammation of the eustachian tube, with great pain and sense of dryness and heat in the throat, extending to the ear.

This remedy is sometimes useful in infantile earache. The excessive fretfulness of the child and the desire to be carried about, are the great characteristics. The patient is worse at night and from the slightest cold. Hot applications relieve the pain. The usual digestive disturbances of the drug frequently accompany the earache.

The earache occurs with every change in the weather, especially if it become cold, damp or rainy. Not only does the ear ache, but also the neck may be stiff and painful. All the pains are relieved by the application of dry heat. Sometimes there is a cracking sound in the ear on moving the jaws.

This remedy, so useful in hyperemic conditions, is one of the most reliable in acute earache. It is especially valuable in cases following exposure to cold or wet weather. Like pulsatilla it has tinnitus, but, unlike it, there is no deafness. On the other hand, similar to borax, there is a normal sensitiveness to sound. The pain is throbbing, with a feeling of tension and heat in the ear, or there may be sharp, stitching pains occurring in paroxysms. The patient feels better in the open air.

For otalgia, purely nervous in origin, this remedy may be used. Not only is the pain in the ear, but also back of the ear. It is worse in the cold air and is aggravated by washing the face and neck in cold water. Hot applications relieve the pain.

Tearing pains of a neuralgic character call for plantago. The earache is reflex from dental irritation or associated with toothache.

The earache of this remedy is associated with tinnitus and deafness. There is a sensation of fullness and violent pain as if something were being forced out of the ear. The darting, tearing, pulsating pains are worse in the evening and forepart of the night. The earache may

come on as soon as the patient is warm in bed. He is better in the cool air and cold applications relieve the pain. Pulsatilla is more useful in subacute cases, in earache accompanying actual otitis.

Sometimes at the climacteric earache is an annoying symptom. This remedy is useful in such cases. There are tinnitus and painful sensitiveness to sudden sounds. The pain is worse in the open air.

In administering a remedy for earache, it is well to give it in warm water and at intervals of ten or fifteen minutes. By this method rapid absorption takes place and relief speedily follows.



## PII. No. 50.

### *Your Faith!*

### *What Is It, and Why?*

If a man asks you what your religion, your politics or your school of medicine is, you tell him glibly enough. Most of us have beliefs and opinions, but when he asks for the reasons of your faith, nine times out of ten you hesitate, stammer and cast about impotently for some logical argument with which to defend your views. You realize vaguely for the first time that you really know very little about the principles and tenets which you advocate and espouse, and that furthermore, your advocacy of doctrines and support of policies which may be false or true, but which you have lazily accepted without investigation, savors of intellectual dishonesty.

You say lamely enough to your inquisitive friend that you have never given much thought to the subject, but that your father, good, true man that he was, and all your friends and associates are and always have been Methodists or democrats or allopaths, and that what is good enough for them is good enough for you. But when the inquisitive friend has gone on his way you are conscious of a shock. If you are acting under a borrowed belief instead of a logical conviction, then you are certainly not doing your duty either to yourself or to society. You are a stumbling-block in the way of progress and are misleading others by upholding teachings and methods which may, for all you know, be outgrown and outworn.—Medical Brief.

[Take the same question and put it to ninety-nine of every hundred of modern scientific-homeopaths, and what could the answer be?

Why do you have "Homeopathy" in your diploma? Why does your college have "Homeopathy" in the black-and-gold over its front door? Are you a homeopath? Do you know that you are? If you are, why do you alternate? Show a single homeopathic college that teaches alternation of remedies? Yet you practice that abomination and call yourself a homeopath. Why do you do so? Because your preceptor did so? Well, but your preceptor sent you to the modern homeopathic college to get the very best in homeopathy as well as the very best in gynecology. If he still votes for Jackson, that is no reason why you should do so. If he alternates and does such things under the cloak of homeopathy, he can say that he did the best he could with his lights. Same as to gynecology. But you have no such excuse. The college doesn't teach homeopathy? The answer to that is easy. Either have Homeopathy put into your curriculum, or else demand the return of your money. There are many good, first-class homeopathic colleges where Homeopathy is taught from every chair in the college, even from gynecology and surgery. That's the school to go to. Be a homeopath, or an allopath, or an eclectic. Don't be a mongrel. Don't, if you are a preceptor, send your student to a modern good-lord-good-devil, Hermaphroditic medical college, and expect him to return to you a homeopath.]

### **Bug Theory And Some Other Bugs**

"Hennig, of Koenigsberg, at a recent congress held at Wiesbaden, took a strong stand against the use of antitoxin in diphtheria. He asserted that a careful clinical and bacteriological examination conducted by him in sixty-three cases showed Loeffler's bacillus to be present in only forty-five cases.

"Some of these cases were true diphtheria, others were ordinary follicular sore throat, or tonsillitis. In seven cases, in which the bacillus were not present, the disease was shown to be true diphtheria by the subsequent development of diphtheritic paralysis. Hennig concludes that any treatment based upon the assumption that true diphtheria is directly due to Loeffler's bacillus must be erroneously founded.

"The treatment which he himself employs, and which he has used in one thousand nine hundred and twenty-seven cases, with a mortality of 3.06 per cent, consists in the use of lime water gargle and continuous application of the ice cravat."


Now, what will become of Dr. Loeffler and the bacillus? It is pitiable to see men of brains


racing off after the bug theory after they have read and reread the dumbfounding literature on the various bugs. Here is the theory of bug origin of a deadly disease knocked in the head by plain, practical common sense.—Medical Brief quoting the N. Y. Med. Times.

[And yet there are many homeopaths who pin all their medical and professional faith to bacteriology. If we can but isolate and propagate the special bacillus which is causing this or any other disease, we can give him a good longish and unpronounceable name and then try to kill him with rotten horse blood or some other frightful nastiness. The closing paragraph of the original article (which we do not publish in full) says: "How often do we hear the remark that, theoretically this should have done the work, but for some cause it failed." A wicked and perverse generation! Diphtheria has been cured many thousands of times without anti-rotten horse-ene. But it takes study and care and a knowledge of something besides chemical formulæ and germicides. It requires a knowledge of human nature as well as medicine. Mix the two in proper proportions and there will be no need for the introduction of this nasty mess into the human body. Study Homeopathy—not merely a half hundred more or less of musty materia medica lectures—and find out how to cure your cases.]

### **Globules.**

And so the New Man from the West, following the traditions of the West, is against barb-wire medical legislation. Well, it is a bold position to take for a President who must meet his fate in the barb-wire East next June.

The Cleveland Homeopathic Medical College has need for both of the college buildings formerly occupied by the two rival colleges. Much clinical work is being done—one of the gynecological workers having informed an applicant doctor that the clinic was filled for seven weeks ahead. That points a good and popular record.

Says the "Homeopathic Record": "Don't throw away the stones of fruit you use during the summer and fall. Cherry, plum, peach and apricot stones, washed or boiled in clean water, dried in the sun, and put into chintz or print bags, cannot be excelled, when hot applications are needed for earache or toothache."

Heat one of these bags in the oven and apply to the affected part. The stones give a pleasant, spicy odor, and retain heat a wonderfully long time."

[Nature makes nothing in vain. For nearly half a generation it was believed that cherry stones were made only to lodge in the appendix vermiformis, and produce appendicitis. The above is a much better use.

Dr. David A. Strickler, of Denver, was a visitor in Cleveland for a few days in January, during which time he attended some operations at the Huron Street Hospital, visited his brother and also called upon this editor. He is still wide awake on the statistics question, which were not published in the Institute Transactions. He attempted no peace-making rôle.

In a letter received from a foreign physician we extract this little experience, to indicate the perseverance with which some of our earlier homeopaths undertook and prosecuted their work: "There was one fact during my apprenticeship which I have not publicly mentioned and for obvious reasons. The fact in question is that when I was sixteen years old, the assistant to my master was sent to a patient suffering from retention of urine, but he failed in his endeavors to pass the catheter, and the patient suffered severely in consequence. I, youth that I was, determined I would learn the art, therefore practised on myself with gum elastic catheter, and when perfect in that, I passed a silver catheter, and ever afterwards knew how to do it, and have done it when it was required. This was the best way of learning the art—almost equal to Hahnemann in the proving of remedies on himself!"

Come now; we haven't yet seen the names of that Memorial Committee appointed by any president of the American Institute of Homeopathy upon the death of that eminent homeopath, Professor and Doctor J. Heber Smith, of Boston, who died a little while ago. Why not? Was he not a life-time member of the Institute? Was he not a good and faithful member of the profession? Was he not a loved professor in the Boston University School of Medicine? Was he not in his time the occupant of many places of trust in the profession? Or does the appointment of memorial committees, out of the regular Institute sessions, like kissing, go by favor? Somebody please wake up! The precedent established by the Chicago incident was a good and noble one. It

is the key to the vexatious problem of honoring our dead, without interfering with the greater and far more noble and glorious business of lobbying for to-morrow's president and recording secretary.

Then again we hear so much of that wretched nonsense that Homeopathy is true, because Hahnemann first tried it upon himself. Why, any first year's student in any homeopathic college to-day can demonstrate to you that this was simply a case of self-hypnotism; on the same level, indeed, as the taking of patented medicines. You expect to get certain symptoms just as you expect to get cured, and you do. Now combine this nonsense with Hahnemann's queer religious notions—for he was a Swedenborgian and a Deist—and you will understand much of the peculiar enthusiasm with which he sought, and in part succeeded, in infecting a good many doctors even unto this day. How is the foregoing for homeopathic teaching from a homeopathic college? If Hahnemann had but been an avowed infidel in religion, and a bold, bad man generally, he might stand some show of success with many of our modern bugteriological homeopaths. But he did mix his medicines and his theories with his religion, and that showed that he was not a sound man to follow. Great is logic, and shall prevail!

Without any thought of making an unfair criticism on the methods employed by the Hahnemann Monument Committee for subscriptions, we must say that we admire the manner adopted by our French brethren in the Tomb Fund. They accept no subscription, or, at least, do not count it, unless it is accompanied with the cash. Then they know exactly what they have. Then it doesn't matter to them how many hard times strike the country, or how many colleges and journals and State societies subscribe vociferously under the eye of a large and fashionable audience, and, afterwards, in the quiet of the professional walk, either back out of the subscription or don't pay it, if even they do not go farther and throw dirt and sarcastic refuse at the Committee and the Monument. Send in your mite at once, brethren and sisters, to the Monument Fund. There never was a more worthy professional purpose since Hahnemann died. The success of the monument will not take one mouthful of bread from you or your dependants. It will increase the worth and reputation of the school. It may be nobler to give \$25 to your hospital or dispensary; but if you have been



long a doctor, you will understand that a good many of these hospital and dispensary subscriptions feed a system which tends to impoverish the profession and pauperizes the public.

We fully intended to print Dr. Bushrod W. James' statement of the American payments made to the Hahnemann Tomb Fund, but the crowded condition of our pages have delayed it until now the item has already appeared in all the contemporary journals and it is no longer a matter of news. Dr. James reports that \$301 have been collected and turned over to Dr. François Cartier, the efficient secretary of the Tomb Fund in Paris. We desire to publish the following additions which have been collected and forwarded to Dr. Cartier:

Dr. J. R. Pollock.....	\$5.00
Dr. A. M. Duffield.....	5. 0
Dr. Frank Kraft.....	5.00
Dr. W. E. Duell.....	5.00
Dr. W. A. Dewey.....	4.00
Dr. Martin Besemer.....	4.00
Dr. G. E. Allen.....	2.00

Total..... \$30.00

In this connection we will add that six of the above were of The Seven who went to Paris after the International Homeopathic Congress in London in August, 1876, and looked up the neglected grave of Hahnemann. No. 7 of the Seven is an allopathic physician. Hence the absence of any contribution from him—although he is a broad-minded and liberal physician. We will receive and transmit directly to Dr. Cartier any other subscriptions to this Tomb Fund which may be sent us.

The Cleveland Homeopathic Medical Society had its election on the 18th of January, which resulted in the election of Prof. G. W. Spencer as president; Prof. H. W. Richmond, vice-president; Prof. A. B. Schneider as treasurer. Effort has been making for a year past to affiliate this society with the Cleveland Medical Library Association interests. The latter is a cosmopolitan affair which says that it gives the homeopaths equal rights with the allopaths. En passant, we would suggest that if the two Cleveland allopathic journals, which seem to voice the sentiments of the Library Association, would let up on their shameful attacks and criticisms of the homeopaths, something might be done. The latest move on the part of the interested ones in the Homeopathic Society is to have the monthly meetings in the Library Association building.

But so much opposition has developed against any joining of issues in this matter that the prime movers have about abandoned the project. From which it would seem that there are some old-fashioned homeopaths still in Cleveland.

Under the title of "Homeopathic Treatment of La Grippe" an editorial writer in one of our exchanges says: "I have found from repeated experiences that this oftentimes intractable disease can be easily relieved by the alternation of gelsemium 1x, and eupatorium 1x, three tablets every one or two hours, with an occasional (say once a day) five-grain tablet fareol, and that no sequela or after-effects will result. This may not be strict Homeopathy, but it is an efficient treatment, and the promptness with which it eradicates the disease and restores the suffering patient to health justifies me in resorting to it in these epidemics." If this be not strict Homeopathy, what kind of Homeopathy is it—as there seem to be several degrees in honesty? And how dare this anonymous editor affirm that no sequela or after-effects will result? Isn't that pretty cool—even for a proprietary medicine magazine editor? Does he know what fareol contains? And finally, will he say that strict Homeopathy does not cure la grippe without sequela and after-effects? How many physicians, who have used strict Homeopathy in this epidemic, have failed of curing their patients? It is really too bad that such utter rot is permitted to disgrace the pages of professedly homeopathic journals!

Said a speaker—and a good one, too, at a city medical meeting a few nights ago—"it is always the case that is not fully corrected by which an operation and an operator is judged." He said it in a way to imply that the profession and the laity ought not to do this. But bless his innocent and aggrieved heart, isn't that just exactly the way every man is judged—by his failures? Take any general practitioner with the record of, say 250 successful typhoid cases, and presently he loses one after the other, say ten cases. Will not those ten undo for him all the good that he has done with the other 250? Let a man live a noble, God-fearing life for 45 years, and then in the 46th year do one little act that is wrong, and what is he judged by? The trouble with the operators is just this: That the people are made to believe if they are operated upon they will surely get well; deny it who will, that is the impression conveyed, and very few of the cutters take great pains to disabuse the patient's mind. A medical man,

solely, is careful what he says in any case to which he may be called. He is not so cocksure. That's why when a rupture or an abscess follows upon a promised corrective operation, or the trouble for which the operation was made continues, or the person droops and dies, or does any one of several things which, according to the rainbow promises made, they should not do—that's why the people hold the operator guilty, and that's why some of them cannot hold property in their own name. Competition, now, in operative work is so great and becoming so much greater every day (since operations are so well taught in all the homeopathic colleges that every yesterday's graduate can do them)—competition is become so hot that caution and prudence are frequently thrown to the dogs in the mad rush for sufficient material to swell the Table of Operations to be published at the end of the year. The gynecologist in question had no call to complain.

“Homeopathy or Allopathy—Which?” asks the Syracuse “Clinic” in a headline. But what a question to put! Why, of course, Homeopathy, if we may use all the old school truck and combination tablets (homeopathic) we want! Yes, sir, we believe implicitly in the verities of *similia similibus curantur*, and the totality of the symptoms, if we can rip out all the ovaries we want, gouge out all appendices, and chop off legs and arms, instead of trying first to cure them. Certainly, give us Homeopathy every time. Hahnemann was a great medical reformer and translator of modern languages. He was a little off in his religion, to be sure, and got a good deal of it mixed up with his potencies, but he did lots of good, and some day when I don't have to buy slides for my bacteriological work, I will contribute twenty-five or fifty cents to the McClelland monument. Or I will subscribe publicly several hundred dollars for my college and my journal, and then pay never a cent of the subscription. Down with allopathy! By the way, what is allopathy?

Dr. Samuel Arthur Jones of Ann Arbor has entered the book market with a little vest-pocket contribution which he has entitled “The Porcelain Painter's Son.” Those who know Dr. Jones' gift of the pen need no recommendation from us to read this little book. It is in his usual trenchant style of composition. Of course the whole story has reference to Hahnemann. We make this little explanatory note lest some of our more recent

graduates, and some, too, of the older crops, do not know at whom Dr. Jones is pointing. Those of us who are close observers of things homeopathic know that a good many men to-day know nothing of Hahnemann as an individual. Or if they have ever heard anything about his life it was sure to have been queered by some of our modern teachers who charge Hahnemann with being a Vitalist, or a Swedenborgian, or a Spiritualist, or anything else that sounded real bad; that he mixed his medicines and theories not “with brains, sir,” but with his religion. And it is a bad conjunction that of mixing one's business with one's religion! Dr. Jones completes his little volume by incorporating a lecture delivered on the evening of the 13th of April in the Homeopathic Hospital at Ann Arbor, in which he tells some things that are worth listening to and reading afterward. The publishers, of course, Boericke & Tafel, have put the binding of the Painter's Son in very attractive style. It is a pretty little book to leave on the waitingroom table. Get it by all means.

**Sacred Symptomatology.** At the close of Prof. Shelton's lecture on Aconite, the following symptoms of King David, as given in Psalms lv, 4-8, suggested themselves to one of the students as appropriately characteristic of that drug:

My heart is sore pained within me,  
And the tears of death are fallen upon me.  
Fearfulness and trembling are come upon me  
And horror hath overwhelmed me.  
And I said, oh! that I had wings like a dove!  
For then would I fly away and be at rest.  
Lo, then would I wander far off  
And remain in the wilderness.  
I would hasten my escape from  
The windy storm and tempest.

The Chironian.

The Rochester Optical Co. make a series of cameras which are the marvel of amateur and professional photographers. Their Premo B is a splendid bit of mechanism, and a very great favorite for near and far work. It is compact and elegant.

#### The American Homeopathist.

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# The American Homeopathist.

NEW YORK, FEBRUARY 15, 1899.

FRANK KRAFT, M.D., EDITOR, CLEVELAND, OHIO.

## OUR PORTRAITS.



W. E. PUTNAM, M.D.,  
Bennington, Vt.

Better Colleges and fewer Professors, and a salary paid to each teacher.

Make it to the financial interest of the teacher to keep his college appointment. If not, he will "soldier" every time he can.

Then the several classes will not petition for professors to fill out the scheduled hour. Nor will they complain because one professor has appeared before them but four times this year.

Human nature is much the same in medical colleges as elsewhere. From nothing nothing comes. It is like free medical services. Sometimes the patient gets the best medical service at the hands of the gratis doctor. Sometimes he doesn't.

A professor who does not keep his appointment in a school where the student pays for his services, has no business in that school. For, primarily, he sets a bad example in failing to do his duty: a very valuable lesson to inculcate.

But so long as the bubble reputation alone pays the professor for his services to the college with the possible addition of a meal ticket to the graduating banquet—no one can very greatly blame the professor if he stands out for that possible dollar which he would lose if he went down to the college building.

Several things about a modern medical college could be changed in the interests of the students. To be sure, this is a minor consideration—after the student has paid his fees. It is, nevertheless, receiving money under false pretenses to accept that student's money and then give him either no instruction, or such poor quality of it that even he "kicks."

The old-school folks down at Columbus, Ohio, are trying to put a medical department into the State University, same as in Michigan and Iowa and some other states. Why not put Homeopathy into that school, seeing that this is to be a state school, supported by all the people?

But, law-zee! Wouldn't that stir some of the dead bones in homeopathic circles? Wouldn't several has-been dead and unburied people suddenly rise and attempt to prove

themselves still living; and, likewise, that the real article of Homeopathy is being well taught and abundantly in the existing Ohio homeopathic schools?

Schools? Who said anything about schools? Why, sirs, there is in reality but one homeopathic school in Ohio. We are that school. The other fellows simply keep their diploma-mill open out of pride. If it wasn't for a little money out of private pockets of some of the faculty the sheriff would have put up the shutters long ago.

Don't believe it? Well, examine the records of the American Institute, count their graduates and ours, and you will see that We Are The People! Therefore, why more colleges? It would kill the other fellows dead, and it might make further disastrous inroads upon even us, good and perfect as we are.

Nay, nay, we are sufficient unto all the state of Ohio. Why have another school to divide our petit pain with? We could prove by the records that one amalgamated school (because of the hard times which hit it five years before the amalgamation) has less graduates this year than each had before the amalgamation. But remember, please, this is only because of the hard times.

If you could have a first-class school at Columbus, with teachers who teach with the enthusiasm and faithfulness of Dewey, and Allen, and Helmuth, and Porter, and Ludlam, and Dudley, and other well-known homeopaths, then you might get students to fill your benches. But we already have them in our faculty. Every man of us is a specialist. Some of us have been teaching and practicing as long as one year, and others of us longer. Every man of us knows his place. Every man of us knows how to touch his cap and swallow, and spit, and curtsy lowly when the college patrol passes by. No man of us has a college opinion at variance with that published in our Annual Announcement (which see). Hence every man of us is unanimous, and contended, and at peace.

I am the Lord thy Gynecologist. Thou shalt have no other Gynecologist beside me. Nyther in the college faculty nor upon the hospital staff. For I the Lord thy Gynecologist am a jealous Gynecologist, visiting my consuming wrath upon those who do my operations, or criticise me, or get in my way.

Where can that newly-created Corresponding Membership in the British Homeopathic Society have disappeared to? That one issued in payment for all the superlative degree of language showered upon its members for the various messes of pottage and attentions recently bestowed? Or could it have been the homeopathy-hating British Gynecological Society which conferred this honor? Wouldn't be at all strange; for this august society established the precedent some years ago by electing a prominent American homeopathic gynecologist one of its honored members.

The Palmar Arch had a banquet and some speechifying at the Hollenden a few nights ago. Seemed to have an unanimous kind of a time. No preacher nor invited guest fouled the joyous occasion by making a burlesque of homeopathy. We now wait with bated breath for the new Medicus letter, because Dr. Biggar was conspicuously present, and that is always enough to stir the depths of the grateful Medicus. Medicus ought to take a dose of lycop, high, some time between noon and four o'clock, to brighten up his failing memory of many favors received from his former friends. Or, else, like the cabbage-tilling Emperor Diocletian, having retired from active government, he ought to saw wood and say nothing!

The Missouri legislature is wrestling with a new medical bill. The one they tried to foist upon the profession last session was killed and buried in the rubbish of the temple in due and ancient form—thanks to the vigor and onslaught waged by Delap and his merrie men of Kansas City. The proposed law puts every applicant to the rack and thumb-screw whether the possessor of a diploma or not. But, as in Ohio, no provision is made for the Examiners' fees except that screwed and squeezed out of the applicants. For one year this amount will suffice. But after that, what? Where is the revenue to come from?

The article on Osteopathy, which appeared in our last issue, was an item of news simply. No recommendation was attached. It was so clear and temperate a statement of the claims of this sect, and appeared in so excellent a homeopathic journal as The Chironian (the official mouthpiece of the New York Homeopathic Medical College), that we transferred it to our pages. We do not recognize nor recommend osteopathy.

## Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M.D., 110 West 12th Street, New York.

References in this department are made by number. See issue of January 1 or December 15 of each year.

### *Passiflora incarnata.*

Dr. Reed:<sup>38</sup> I was called to see a lady, aged 44, presenting the following symptoms: Temperature 102; a general feeling of numbness; aching in the back of the head, extending down the cervical region, with a tendency to draw the head back; a heavy feeling and a sharp pain in the epigastrium, the pain darting to the ovaries and then to the lumbar region. Patient told me she was passing through the change of life, had not menstruated for four months, had trouble in passing urine, and feared she was about to become paralyzed.

Directed *passiflora* to be given in doses of one drachm every hour till three doses had been given. The first dose made a great change in her feelings, and in three hours I found her in a gentle perspiration, bowels moved, a free and comfortable passage of urine, a free flow of the menses and all pain gone. I considered that the medicine had acted upon and through the sympathetic nervous system, and also relieved the portal congestion which was manifest in the case. I believe this agent will be found a laxative by its action through the sympathetic nerves, thus relieving portal congestion quicker than any agent I am acquainted with.

### *Senecio in Painful Menstruation.*

Dr. Lyman Watkins:<sup>38</sup> We sometimes meet cases in which there is much pain and distress in menstruation, so much indeed that the patient is compelled to remain in bed during all or part of the menstrual period. In some cases ladies form the morphine habit by taking that drug at first to allay menstrual pain. It may happen that the patient hardly recovers from one attack before it is menstrual time again, and thus she becomes a chronic invalid. The menses may be either scanty or profuse, but in every case the flow is attended by great pain and discomfort. It is in such cases as these that *senecio* is valuable, not to be given at the time of menstrual distress, for present relief, but for administration during the intervals to prevent the painful periods.

Under the use of *senecio* all pain is usually prevented, and frequently the patient will

"come around" without premonitory symptoms, being agreeably surprised to find herself "unwell" and without pain. Even in those cases in which the pain is not entirely prevented, the patients are very much better. Many of my patients express their gratitude for this remedy and say they would not be without it. In some instances after the remedy has relieved painful menstruation and has been laid aside, in a year or so the painful periods have returned, but the administration of *senecio*, for a time, has again relieved them, and patients have expressed themselves to the effect that they would rather take the remedy constantly than suffer as formerly.

Females taking *senecio* generally improve in health and strength, accumulate flesh, become light-hearted and cheerful. This may be due to some tonic influence of the *senecio* or to natural recuperative efforts, a reaction from the depressing effects of painful and difficult menstruation.

I feel that I can urge the efficiency of *senecio* in ordinary dysmenorrhea, but would not attempt to say that it will cure all cases, for in some there may be obstructive organic lesions which cannot be relieved by medicine, but require surgical treatment. These *senecio* will not cure.

I have used *senecio* in about one hundred cases of difficult menstruation and have succeeded in relieving all of them, more or less; many of them are entirely well. Of course, one hundred cases in the hands of a single experimenter are not enough to establish a remedy. I would like to hear that a thousand of my professional brethren had used the remedy as suggested and to read their reports. Something reliable and useful might then be evolved.

### *Picric acid in Treatment of Burns.*

R. A. Campbell, M.D.,<sup>31</sup> in discussing the subject of the treatment of burns, says: My preference is for the picric acid treatment.

Picric acid is used in a saturated solution which is prepared as follows: Picric acid, one and one-half drachms; alcohol, three ounces; distilled water to make two pints.

Any charred tissue, dead skin or foreign matter should be first removed; all vesicles opened and evacuated, the covering being left as a protection to the underlying tissue, and the wound cleansed with the picric acid solution. Strips of gauze or lint saturated with the solution are then applied; over this a layer of absorbent cotton, a large piece of oil silk covering the whole and retained by a bandage.

This dressing may be changed in from one to four days, but I do not believe in too frequent changing of the dressings.

The advantages claimed for the picric acid treatment are:

1. The severe pain is relieved almost instantly.

2. It limits the tendency to suppuration on account of its strong antiseptic properties and the power it possesses of coagulating albuminous discharges. When we remember that the antiseptic carbolic, and the coagulating nitric, produce picric acid, these properties are readily understood.

3. Healing takes place under a scab, and the scar, if any, shows little tendency to contraction.

#### *Calcareo phosphorica in Nutrition.*

H. M. Brower, M.D.<sup>21</sup> Calcareo phos. is absolutely essential to the proper growth and nutrition of the body. This salt uses albumin as a cement to build up bone structure. And bone is the basis, the foundation stone, of the organism. Bone is fifty-seven per cent phosphate of lime.

When for any reason the molecules of this salt fall below the proper standard in the blood, some disturbance in life's processes occurs. It may be that bone cells are not rebuilt as fast as they die. In such cases, if the deficiency exist for a great length of time, a condition of anemia prevails.

Should the albumin, not having a sufficient quantity of the lime phosphate to properly take care of it, become a disturbing element and be thrown off by the kidney route, we have Bright's disease. If through the nasal passages, the condition is named catarrh. If by the lungs, a cough is produced. If albumin reaches the skin, pimples, eruptions, freckles, etc.

Calcium phosphate is found in gastric juice, and a lack of the proper balance is frequently the cause of indigestion.

Conditions called rheumatism are sometimes due to a deficiency of this cell salt. A proper balance of sodium phosphate is required to prevent an acid condition from prevailing, and under certain conditions, when calcium phosphate for any reason is not present in proper quantities, the affinities draw upon sodium phosphate in an endeavor to supply the lack, and thus a deficiency in the alkaline salts ensues, which allows an acid condition to prevail, i. e., rheumatism. Practically this drug proves itself a real tonic in many cases.

In anemia of young, rapidly-growing people.

in accompanying diseases with exhaustive discharges, as in leucorrhea, chronic bronchitis, chronic tubercular diarrhea and night sweats, abscesses and scrofulous sores, through its great power on the secretions it acts curatively.

#### *Carbolic acid in Tonsillitis.*

Kramer<sup>22</sup> has employed for several years injections of carbolic acid into the tonsil for the relief of recurrent tonsillitis. He reports fifteen cases where there has been freedom from the disease for two years or more. The treatment is based upon the theory that recurrent tonsillitis is due to the retention of micro-organisms in the glands. The treatment was begun several weeks after recovery from an acute attack, and consisted in the injection of carbolic acid 1:40 for two or three days, until from four to six injections had been given. After cocaine-izing the part the sterilized needle of the syringe was introduced one centimetre into the anterior pillar of the fauces, and if no bleeding followed, the carbolic solution was injected drop by drop, the needle being pushed in several directions until fifteen minims had been injected. There was very little local reaction.



#### *THE PASSING OF THE UNPAID PROFESSOR.*

The frequency with which medical classes are memorializing the college faculties for better teaching, leads to the belief that ere long some change must be made in supplying the chairs. It doesn't stand to reason that a medical professor, after the first blush and bloom and crease is worn off his professorial toga, will forego the possibility of making another dollar, even if, by standing out for that possible dollar, he fails to keep his appointment in the unpaid school. Human nature is very much the same everywhere. It is trite to say that from nothing nothing comes; but so it is. It is true, that until recently a medical professorship was the last, great infirmity of medical minds. There was a very witchery about the titular greatness which drew sober and otherwise well-balanced men from the various insignificant, but money-making, walks of medicine. But in later years, with the rapid and causeless multiplication of tinsel professors and specialties the unpaid and unsalved notoriety has palled on the taste, and little attention is given to the wearing of the frippery halo, except during the initial period of the newly-plucked and created sir knight.

The specialist, however, the breath of whose

nostrils, and indeed, whose very life most often hinges upon the notoriety which his operations give him before the class, in the hospital, in the clinic, as well as his large and persistent and, indeed, many times obnoxious occupation of the time of every medical society he graces with his presence—this man, of course, draws sufficient out of this ethical form of advertisement to pay him handsomely for the time he gives to the unpaid college place. A specialist has but few office hours. He can, therefore, give the greater part of his time to the college, to the hospital, and to the other—some, many ways of advertising his exceeding great skill and his importation and adaptation of the newest technique. But the general practitioner, whose office hours run the whole gamut of the twenty-four, is not in position to give up his work for the benefit of the unpaid and empty honor of professorship. What is the inevitable? He slights his work; he fails to come; he is indifferent when he comes; he is tired out with much visiting; he has made no preparation for his hour. And the classes, who have been lured to this school by the promises held out in the blue-and-gold Announcement, find that they themselves are idle about half the time, because of the absence of the promised professor. We have heard of one such professor who has appeared before his class but four times since the beginning of the current session. And on three days of one week only two teachers appeared in the teaching-box.

If these men were paid something, however small, the corporation could demand service. But as it is, you mustn't ride a gift horse to death; or, to put in another language, *Einem geschenkten Gaul sieht man nicht ins Maul*. Let us come back to the Seven Men period of medicine. Give to one man or One Woman all that pertains to the work of that chair, pay well for the services so rendered, and scrape away and dump into the deepest sea all the barnacles that have become fastened to that department of work. Instead of having a separate professor for the anatomy of the head, another for the anatomy of the hand, another for the anatomy of the foot, another for the anatomy of the trunk, another for the anatomy of other isolated segments of the anatomical body, give some one, thorough specialist-teacher anatomy to teach, and add such assistants from the class as may be needful from time to time. Then the class will learn anatomy. Then it will be said, "I send my student

to St. Louis, or New York, or Boston, because they have got a celebrated specialist there teaching anatomy." Equally true also of materia medica. Instead of having a full (?) professor for the physiological effects of drugs, another for the tissue remedies, another for homeopathic pharmacy, another for the polychrests, another for the remedies needed in nervous disorders, another for the Organon, another for homeopathic institutes, another for every possible little ramification and nicety of materia medica, in order to make room for a half-dozen more or less of new ginger-bread professors—instead of all this teach materia medica from one chair and give that chair complete swing and command with a good salary. Then it will be also said, "I am sending my boy to Ann Arbor, or Philadelphia, because Dewey or Mohr is there, and Dewey and Mohr thoroughly understand and teach materia medica." Or, "I want my student to spend some time with Richard Hughes because he is master of the subject."

But when a half dozen professors teach at materia medica, and one prescribes remedies on "general principles," and another gives strychnia for all nervous disorders, another recommends old-school mixtures for infants, another pooh-poohs at everything above the 3x, another skips whole pages of the Organon in order to find a few passages where Hahnemann didn't mix his religion with his medicine, another takes up a good share of his hour in blowing the horn of his principal and co-worker in that chair (showing how much quicker it is to lance a boil, or snip out an ovary, or chop off a cervix, than first to try materia medica), then, we say, the student gets nothing for his money. Indeed, he would be far better off if he did not attend any of the multitudinous divisions of the materia medica chair. Every hour of the four-year course of medical education, inaugurated by the great American Institute of Homeopathy, can be valuably employed in legitimate homeopathic instruction, to the eternal welfare of the class and after-coming physicians, without ringing in and making special departments for every little new discovery of the chemists and pharmacal people.

Is not this true? Look about you, you gentlemen who went through this divided and subdivided nonsense of fifty or sixty chairs in the curriculum, and say how many of your co-graduates have used one-half of the special

branches which they had to study. Indeed, take your own case, and say of what value was all that almost interminable stud-horse parade of knowledge, the learning of which nearly caused you to go blind and crazy? Havn't you simmered down to a few practical things and feel, every now and then, like saying something that will leave a hot taste in your mouth, when you remember the time you wasted in listening to carpet-knight professors—who were given place in the faculty, frog-like, to swell the greatness of the college; and who, in turn, and in gratitude for the cloud-scraping elevation, will run in every good-paying operative case to the specialists who may be running the college?

Fewer colleges and fewer professors, and these well paid! Fewer teachers who don't teach, and more professors who profess! Too many cooks spoil the broth. Emulate that eminent gynecologist who has now succeeded in getting the chair all to himself with but one assistant. One Chair for One Department, with assistants, and a salary. Make it to the interest of the professor to come to his appointment. Reckon with the class as if it really had rights, and that among these inalienable rights is that of being taught something valuable in every hour for which the published schedule has put an alleged learned man and teacher in charge. It is just as wrong for a medical college to receive money under false pretenses as for any other corporation. Put men with special knowledge into places of importance! Put new, up-to-date methods of teaching and government into medical matters! Smash the politico-medical slate-maker and his slate! The unpaid professor should be paid!

#### ***Dr. Hornblower's Highfalutin Clinical Report.***

[The following parody on the grandiloquent style of reporting cases may provoke a smile.]

It has been ascertained by a diagnosis pendulum precisum, that if it were so as it should be, then in that event it is such as it should be. If it were so and no argument can be of a permanent consideration, based upon observation, it is of such a nature as to preclude any effort when and how. It is a well-known fact that in its embodiment of perfection, that if it were to be as it is, then in that event, it could not be other than a *Prolongus Laceratus*. Having this in view, and counting the Diagnosis of the Iron Cells, it remains undisputed that sixty days pronounced by a judge will produce a greater increase of

hobgoblins, which are and will be if they were. Taking all this into consideration, I at once began my experiments, having at my command the intricate machinery *Bicycliridum-Taka Headus*, with results which were found far beyond my grasp, but in the mind of the practitioner, will stand such tests.

I herewith submit a few cases:—

Case 1. Miss A Lamb; young lady, aged 59, pulse torpid. Breath irregular and congested. Complexion furred. At once diagnosed the trouble as being *Lambodi*. Placed her on a diet exclusively of sheep dip, one quart daily. After three days this was changed, owing to griping sensation in the region of the *Stomachichitis*. She could talk better, louder and longer than formerly. *Lungi Shoutis*. Gave her Lamb's works to read, lambs' tongue to eat, and lambs wool to drink. At the end of 8½ days she returned, asked me how much she owed me. I replied \$6.50. All she uttered was bah, bah, bah! Entirely cured.

Case 2. Child six days old, female; pulse high, temperature low, actions indifferent. Could not speak; could not walk. Mother said she was born that way. Advised the parent to teach her to walk, and saw no reason why later on she should not talk *Muchum Moribus*. Advised diet of cabbage, beans and celery, as by this method I desired to introduce iron, new, clean yeast and antiseptically treated vegetables. Saw patient eight months afterwards, pulse and temperature normal. The mother was delighted, so much so she intended later on to send her to the Normal College. *Flirtus muchus marii* young earlius.

Case 3. Miss J. A. G., weight 246 pounds, eyes black and blue, complexion blue and black, hair dishevelled. A clear case of whoop-la. Been so for ten days. Upon close questioning ascertained she had been drinking whiskey quantitates gallorum. At once began treatment by lessening the quantiti quantus gallorum, limiting the same to no more than two pints per day. She came to the office next day—no signs of paralysis. A well-defined case of *Smachi Furnituri*. I was much pleased with this case. Showed treatment had marked effect.—Medical World.

[Very clever take-off. Dr. Hornblower in addition to his epigrammatic and aphorismetic delineations should have given us a few specimens of his technique, with hand-made drawings, illustrative of his exceeding cleverness. And presently he might ascend to the plane of a specialist-author with Kodak attachments.]



### **BETTER LAWS, BETTER COLLEGES, BETTER DOCTORS.**

By H. F. BIGGAR, M.D.,  
Cleveland, Ohio.

A retrospect of medical teachings and general advancement of the profession during the last quarter of a century is very gratifying. There can be no question as to this statement, for much has been accomplished. The watchword of the hour is to elevate the standard of medical colleges and give greater protection to the members of the profession. This is echoed and re-echoed throughout the land by the medical journals, representing the different systems of medicine, by scholarly physicians and by the interested members of the laity. The great question is, how shall it be accomplished?

Through correspondence with those deeply interested in this, the vital question of the hour, suggestions have been received, plans and methods have been formulated which aim to solve this vexed and difficult question. With some the question is left with the colleges, with others the preceptors, and some others suggest legislation as the best means to improve the profession.

An alumnus of the Cleveland Homeopathic college would change the government of the college as follows:

I would have an Examining Board not primarily for the applicant but for the medical college.

I would make the requirements so strong that only men who possessed recognized ability should occupy its chairs; and whose presence would be a guarantee of the character of the man they would recommend for graduation.

I would have its faculty in no way connected with the business management of the college; only responsible to a board of control composed of two classes: 1. Physicians elected by the alumni; and 2. Thorough-going business or professional men (not medical), also elected by the alumni. This board of control should examine by its appointed representatives, or censors, all applicants for graduation (not admission); and their judgment to be final.

I would have a State examining board of physicians, which should be both elective and appointive. The governor of the State appointing as he has done; and this number to be complemented by an equal number elected by the alumni of each college in the State.

Should the number of the colleges in the State render such board unwieldy, the alumni of the different colleges of like practice to unite in making the selection.

The special function of this board of examiners should be to have a censorship over all medical colleges in the State; and to prescribe the preliminary requirements of all applicants; which should be the same for all medical colleges.

Thus I would make the work of the State board at the beginning of the medical course; and make the alumni of each institution responsible for the grade and character of the men they permit to practice—by graduating them.

[The editor begs to add that he has seen the original of this communication and has himself transcribed the letter for use of the printers. And this alumnus is one of the most advanced, most conscientious, and most thoroughly homeopathic practitioners now in the borders of Ohio.]

Another plan is by legislation. Do any of the State medical boards meet the full requirements? My acquaintance with the laws of some of the States governing the practice of medicine has been a very pleasant surprise, more especially since I have investigated and learned that the laws of Ohio are so rigidly enforced and so carefully guarded by the members of the medical board. The members of the medical board are entitled to and should receive a hearty support and co-operation from the physicians in the efforts of the members, to make the laws more perfect. If I may criticize the medical laws of Ohio, it would be:

First.—That the examination of the matriculates in medicine should be by a State board; if successful they may attend any medical college which may be elected.

Secondly.—That the curriculum and time of study shall be the same in each and every college, except those studies pertaining to the theory and practice and materia medica of the different systems of medicine.

Thirdly.—That a license to practice medicine shall be given by the State medical board after satisfactory examination. That a diploma from any reputable college obtained in any part of the world shall only permit the candidate to enter the examination before the State board for a license to practice medicine.

One of the best medical laws extant of any State or country is the Ontario medical law. The following is a synopsis of the plan:

The medical board is to be empowered by

law to legislate upon all matters pertaining to the profession of medicine.

Some of the most important matter which would devolve upon the board would be:

- 1st. To examine all matriculates in medicine.
- 2d. To arrange a common curriculum of subjects, including the number of years in attendance, for all the medical colleges for the four years respectively, except such as refer to the teachings of theory and practice and materia medica of the different systems of medicine.
- 3d. To examine all candidates for "the finals."
- 4th. To issue a license to practice medicine to those only who have complied with the requirements of the board.
- 5th. To examine every physician locating in the State before license shall be granted to practice medicine.
- 6th. To look after the general interests of the profession.

The board to be composed of thirty members (more or less), each college to be represented by one member, and in addition the regulars ten members, the homeopaths five members, the eclectics four members, the physiomedics one member, on a basis of representation by registration.

The members of the medical board to be elected by the registered physicians of the State. Each district to select one member for the board. The State to be divided into ten districts for the regulars, five districts for the homeopaths, four districts for the eclectics, and the State as one for the physiomedics, all as district representatives, whose terms of office shall be regulated by by-laws of the board.

This, we believe, will begin an era for the permanent advancement of medical education for the following reasons:

I. The matriculates in medicine will be examined by the board; if successful they may attend any medical college which may be elected.

II. The curriculum of study will be in common in all of the medical colleges, except those studies pertaining to theory and practice and materia medica of the different systems of medicine.

III. The diplomas from medical colleges, to be given as before, will be merely certificates admitting the candidates who have completed the prescribed curriculum of study, to the examination for "the finals."

The board to have semi-annual sessions, each sitting a week, if necessary. The expenses of the members of the board and expenses

pertaining thereto to be met by a tax of \$2.00 (more or less), per annum, upon each physician in the State, and the fees from registration, from matriculates, and candidates for "the finals," and other physicians locating in the State—no fee for the new registration to be collected from those registered under the act of 1896.

It would be well if the same medical laws should govern the different States of the union; that the examination of matriculates, that the curriculum and time of study should be the same, except those studies pertaining to theory and practice of medicine and materia medica of the different systems of medicine, and that the examination for "the finals" should be the same. Then with medical laws in common with each and all of the States, a license to practice medicine from any one State should entitle the physician to practice medicine in any State on presentation of this license to the medical board of that State.

Is it not possible to have a national law regulating the curriculum of study and the practice of medicine? Such a law would elevate the medical profession. If the requirements are similar in each State, there would be no more honor having a diploma from a medical college than there is now from many of the present unnecessary and inefficient medical schools. With a national law the candidates for government and other political positions, as well as examiners on pension boards and life insurance companies, would be on an equal footing irrespective of the different systems of practice.

The views of an alumnus refer to the advancement of the medical teachings, by changing the government of colleges. Would not advancement take place more thoroughly and surely and permanently through the legislature than through the colleges? It appears to me that there should be no difficulty in accomplishing all that is desired along this line if the profession can agree on some plan of action which will not antagonize members of the profession, or systems of medicine or medical colleges. Give us something which will advance the cause and elevate the profession. It should not be discouraged if obstacles are presented and years should pass before success is attained. It is a worthy cause and should be free from selfish motive or petty jealousies and should succeed.

*Note by  
Dr. Eggleston, Mt. Vernon, Ohio.*

At its meeting in May, 1896, the State Board of medical registration and examination passed

the following as one of the "requirements demanded of medical colleges:"

Resolved, That on and after July 1st, 1899, no medical college will be recognized as in good standing which does not require the entrance qualification prescribed by the association of American Medical Colleges, as a prerequisite for matriculation, which does not possess an adequate equipment for teaching medicine, which has not clinical and hospital facilities based upon a minimum municipal population of fifty thousand, and which does not have an active faculty embracing the departments of anatomy, physiology, chemistry, materia medica and therapeutics, medicine, surgery, obstetrics, histology, pathology, bacteriology, ophthalmology and otology, gynecology, laryngology, hygiene and State medicine, which does not enjoin attendance upon eighty per cent. of four regular courses of instruction, of not less than twenty-six weeks each, in four different years, and which does not exact an average grade of seventy-five per cent on an examination as a condition of graduation, providing that the rule relative to population, as a basis for hospital and clinical facilities, shall not apply to institutions under State control, and which, by order of such control, receives, gratuitously, patients from all parts of the State in which such colleges are located."

This requirement must stand for the fact that the board appreciates that its work of regulation does not begin and end with certain limitations laid upon medical practice and practitioners. It must also stand for an honest effort toward better conditions. It is probable that from the first it was recognized that, as a stream can rise no higher than its source, so no graduate physician is a better scholar than his college made him. It is reasonable, other things being equal, that the better college makes the better doctor. So much granted, these requirements of the board appear to be a step in the right direction.

As to the advisability of merely rectifying abuses while their intention is untouched; of breaking up demands where there is no probability of compliance; of putting the seal of standing upon institutions whose ability and intentions must in the nature of things fall short of requirements, there may be some difference of opinion. It is to be remembered that a medical college may be organized and pursue a course on a purely commercial basis—a money-making basis. Another may be conducted on a basis of personal ambitions—a selfish basis. Now it is to be expected in these

cases, if there are any such, as in other affairs with like motives, that their conduct will be so ordered as to insure the greatest possible income with the least possible expenditure—of either ambition or money. If such legal requirements are laid upon them as to embarrass their plans, the natural result, as in such ventures, will be evasion of the requirement. Evasion of any requirement designed to be carried out and certified by a college, would be simple and easy. Assuredly it ought not to be said that any would do this, but it remains that any or all might. If one should, is not the board helpless?

It is to be observed that the board has made no provision for systematic censorship, nor does the above rule provide for any, nor for penalty for failure to observe it. True, it may declare such a college to be "not in good standing;" but such a degree would have only a mere local effect, since the charter would be retained, and it would, therefore, still remain a legally authorized institution whose diplomas would possess a value. That is to say, so long as the State issues to medical colleges charters which lack the favorable endorsement of the board to give them validity, so long their diplomas are valid and valuable, and must be respected. Perhaps the State has already surrendered to the board the function of giving validity to such charters. If so, there must have gone with it the function of declaring them invalid for cause, and therefore to be surrendered or revoked. This would complete the circle of authority and be consistent and just.

In any event, under any construction of the law and the requirements of the board, if pursued upon the present theory, as it is understood, it appears that difficulties and antagonisms must arise, with no end of them in sight.

Why not, then, instead of rules that may have the appearance of interference, and be always open to the charge of invidious criticisms, put in force measures that would insure uniformity of organization, equipment, curriculum, instruction, courses, matriculation, residence, graduation, and admission to practice, the whole to be under the direct control of a board of censors? An essential prerequisite would be acceptance and endorsement by the State medical board of the charter issued by the State, which should certainly include authority to recommend revocation of such as fail to maintain a prescribed standard.

To merely decree a college to be "not in good standing," while its authority to continue remains untouched, seems to fall short of the

aim; while to rule upon its standing backed by the power to rule upon the validity of its charter, completely fulfills the aim, that of keeping colleges up to the highest possible standard.

The law does not contemplate this? Change the law so that it will.

## Pil. No. 50.

### *Bacteriology not Unhomeopathic*

Experience has not shown that a successful therapeutical system can be derived from bacteriology. Homeopaths need not be disturbed on that score, for results have not shown it to be a formidable rival. The other question was: How can medicines in infinitesimal doses cure or cut short diseases caused, or at least accompanied by, a definite species of living germ? Why should they not?

If the indicated remedy can cut short a high fever, abolish violent pain or remove several pounds of exudate from the lungs, is it beyond belief that it can also destroy the minute living germs which accompany the exudate? The rôle of the homeopathic remedy has always been to remove morbid phenomena, both objective and subjective, both great and small. Surely, the germ specific to a disease is part of the morbid phenomena or symptoms of that disease; it is eminently probable, then, that the indicated remedy will remove this minute symptom along with the greater ones. A small man is not, as a rule, harder to vanquish than a large one. If our remedy removes the macroscopic symptoms, what insuperable difficulty is there about the microscopic?—Editorial, Medical Advance.

### *Without the Use of the Knife*

"Without the use of the knife," is quite a winning expression. It is frequently used by laymen, but it is not original with them; it comes from a large class of physicians who, either because they have not kept up with surgical progress, or because they are not surgeons themselves, play the dog in the manger act. They are responsible for inculcating in the minds of the laity a prejudice almost amounting to a superstition against surgical procedures. They are responsible for a very large per cent of the major operations required; bloated, heavy look of myxedema are not less

they are responsible for much avoidable suffering and many premature deaths. Some of them may be honest in their erroneous opinions, but it is ignorant (unavoidable) honesty, and the advice they give is just as damaging as though it were given by those who knew it to be wrong. We think, as a rule, the surgeon-doctors are more careful than the medical doctors. True, at times they apparently take great risks, but it is the risk of their reputation to save an almost hopeless case, permitted to become so by the fear of the knife bugaboo. We do not believe in reckless surgery; no honest person can believe in it; neither do we believe in a dilly-dallying course that permits a patient to slowly waste away, and then after death tell the sorrowing friends that the patient was incurable because there was nothing to build on. If some of those bereaved friends would compare opinions and promises made a few weeks before the death with those made after, they would be surprised at their great difference. The views on medical subjects entertained by those outside of the profession are the result of the teaching of doctors. If those views are wrong the teachers are responsible.—*Jour. of Official Surgery.*

[This is the other side of the problem. No one knowing Dr. Pratt well, would expect him to say anything else. But his very latest departure seems to give the affirmative-negative to this "bloody" opinion above quoted. As we understand it, he is a devoted devotee of Osteopathy which is principally engaged in pulling the leg of the patient, or other part of the anatomy, as the case may be. The cool assumption that a general practitioner counsels against the knife out of ignorance is refreshing, and the same that all who treat rectal disease without the knife are quacks. As we intimated at the beginning, this is the hunter telling the lion story.]

### *The Face A Medical Index.*

Dr. J. D. Morgan states that many diseases are attended with a characteristic aspect of countenance, often recognized by the experienced, so far, at least, as to suggest the disease to his mind. The pallid face, lips, the anxious look, the restless eye, tell even before the finger is put upon the pulse, of the loss of blood. The pinched nose, the sunken eyes, ashy-colored countenance, with perhaps beads of sweat upon it, speaks of suffering or pronounced sepsis. The pale face of chlorosis, the puffy, waxy countenance of Bright's disease, the

characteristic than the bronzed hue of Addison's disease, the prominence of the eyeballs of Grave's disease, or the yellow tint of jaundice. In vaso-pharyngeal adenoids there are a seeming prominence and puffiness of the cheeks and nasal bones, which cause the eyes to look heavy and sunken. The author states that Dr. Guiteras judges from his first look at a face of a suspect of yellow fever whether he has to deal with a genuine case. Paleness may signify anemia, syncope, leucocythemia, dropsy, nausea, etc. The size of the face is often very considerably altered in disease. As a result of gout, we have the ruddy appearance of blooming health, which, when associated with high tension in the arteries, is highly suggestive of chronic nephritis. Inspection is even more important in the case of children. Pain in the head is indicated by contraction of the brows; in the chest, by sharpness of the nostrils; in the belly, by a drawing up of the upper lip. In abdominal colic, screaming is intermittent.

And yet when this editor contended in his former classes that the face and body gave valuable indications in the selection of the appropriate homeopathic remedy, he was laughed at. At Newport, by a series of hand-made pictures, he sought to show the value of pictures in the selection of rhus, bryonia, lycopodium, and pulsatilla. Any one who has deeply studied the well-proven remedies of Hahnemann cannot fail, after a time, to note that they bear characteristics which may be seized upon and utilized in the treatment of the sick. Who that has seen an arsenic-poisoned patient will ever forget that face and recognize the pains and agony? Who that has ever studied a case of pleurisy, for which bryonia proved the curative remedy, has not presently discovered that bryonia marks the face as palpably as arsenic or any other of the mineral poisons? True, in using this very efficient aid in the selection of the remedy, it is necessary to be a student of human nature, having eyes to see, having ears to hear. But should not the medical man be this at all times? The homeopath is shown the tongue and frequently gets his cue from that alone. Or he takes some peculiar characteristic of the hunger or thirst, or the bowel movements, or the motion of the limbs, or the absence of motion, and thus "takes" his case. Is not this the experience of every successful physician? Is it any wonder that Homeopathy, as so often taught, is properly charged with being nothing but pages and pages of interminable symptoms, thousands of them for every one of the five hundred reme-

dies? While surgery is a visualized something—a something that requires but the minimum amount of memorizing. And what a plea is made to teach this kind of materia medica in the homeopathic schools, the answer comes that every man isn't an artist! What would be the result if the gynecologist should say that every gynecological teacher is not a surgeon? It is the duty of the teacher of whatever branch he essays to teach to employ every means that is known to the profession or specialty to make his specialty the best-instructed and easiest of acquisition. If it takes a knowledge of drawing and painting to make a good materia medica teacher, then that must be learned by that teacher, or else he is not the best teacher. There are such artist teachers, hence it avails naught for the corporation to say that our way of teaching materia medica is the way we have always taught it, time out of mind; it is the way in which the majority of our schools teach it; and, therefore, the graphic way is the way of the crank, and we don't want any crank. Somewhere in the past a teacher arose who taught a new doctrine, one that the established church did not like. They were satisfied with themselves. They wrapped their sacerdotal phylacteries about them, and said, We want none of this new doctrine. They had always taught religion in their own peculiar way. They saw no need for changing. They eventually hung this new teacher on a cross and did what they could to degrade him. But the teaching became ultimately the principal form of worship. If Homeopathy wants to survive, it must put life into its teachings. The mouthing of symptoms upon symptoms, hour after hour, the filling of books and journals with the same threshed-out symptoms—and nothing to come out of all this mass of symptoms but symptoms—this will as surely destroy the practice of Homeopathy as if no Homeopathy were taught. Teach Homeopathy as you teach surgery: with the very best and most advanced accessories! Put life into it! Stop mouthing over old manuscripts! Wake and do something to make people believe in you!

### EARACHE.

In the article by Dr. Copeland under the above heading in last number the names of remedies were inadvertently omitted in "make-up," hence that portion is republished.

The following compilation of symptoms may assist in the selection of an internal remedy.

#### **Aconite.**

This remedy is indicated in earache following a sudden change of temperature. If in a

child, there are usually the common congestive symptoms of the drug. Any noise, even music, is intolerable to the patient. Tinnitus accompanies the violent pain. All the symptoms are worse at night and aggravated by warmth. The patient feels better during the day, especially in the open air.

Unless given immediately after exposure, in my experience, aconite is useless. In this respect it differs from a drug, ferrum phosphoricum, which otherwise is very similar in its action. Where the period of usefulness of the former drug is short, the latter is indicated for several hours. I believe, too, that aconite, when indicated in earache, is most serviceable in the lower dilutions.

#### **Belladonna.**

When indicated, the patient is feverish, has a flushed face, headache and usually the sore throat and other characteristic symptoms of the remedy. In the ear are digging, boring, tearing, shooting pains which come and go suddenly. With each paroxysm of pain the child may start from his sleep and utter a sudden cry. The congestion of the tympanum and tympanic membrane is pronounced. The patient may roll his head from side to side and moan from pain. There are tinnitus, usually some deafness, and on swallowing, stitches in the throat. All the symptoms are worse at night and relieved from warmth.

#### **Borax.**

The hearing power is apparently increased in an exceedingly nervous patient. The slightest sound startles him. The earache is paroxysmal and, with each attack of pain, the child shows its great nervousness by a sudden start. There may be some soreness and feeling of heat in the ear. The borax earache comes on in the early hour of the morning and, unlike belladonna, is made worse by warmth. The great characteristic of this remedy, of course, is the dread of downward motion.

#### **Capsicum.**

While not frequently indicated in acute earache, this remedy is of great value when the mastoid is painful to touch. There is burning pain in the ear, worse from cold and at night. Warm applications relieve the pain. Capsicum is especially to be thought of in subacute inflammation of the eustachian tube, with great pain and sense of dryness and heat in the throat, extending to the ear.

#### **Chamomilla.**

This remedy is sometimes useful in infantile earache. The excessive fretfulness of the child and the desire to be carried about, are the

great characteristics. The patient is worse at night and from the slightest cold. Hot applications relieve the pain. The usual digestive disturbances of the drug frequently accompany the earache.

#### **Dulcamara.**

The earache occurs with every change in the weather, especially if it become cold, damp or rainy. Not only does the ear ache, but also the neck may be stiff and painful. All the pains are relieved by the application of dry heat. Sometimes there is a cracking sound in the ear on moving the jaws.

#### **Ferrum phosphoricum.**

This remedy, so useful in hyperemic conditions, is one of the most reliable in acute earache. It is especially valuable in cases following exposure to cold or wet weather. Like pulsatilla it has tinnitus, but, unlike it, there is no deafness. On the other hand, similar to borax, there is abnormal sensitiveness to sound. The pain is throbbing, with a feeling of tension and heat in the ear, or there may be sharp, stitching pains occurring in paroxysms. The patient feels better in the open air.

#### **Magnesia phosphorica.**

For otalgia, purely nervous in origin, this remedy may be used. Not only is the pain in the ear, but also back of the ear. It is worse in the cold air and is aggravated by washing the face and neck in cold water. Hot applications relieve the pain.

#### **Plantago.**

Tearing pains of a neuralgic character call for plantago. The earache is reflex from dental irritation or associated with toothache.

#### **Pulsatilla.**

The earache of this remedy is associated with tinnitus and deafness. There is a sensation of fullness and violent pain as if something were being forced out of the ear. The darting, tearing, pulsating pains are worse in the evening and forepart of the night. The earache may come on as soon as the patient is warm in bed. He is better in the cool air and cold applications relieve the pain. Pulsatilla is more useful in subacute cases, in earache accompanying actual otitis.

#### **Sanguinaria.**

Sometimes at the climacteric earache is an annoying symptom. This remedy is useful in such cases. There are tinnitus and painful sensitiveness to sudden sounds. The pain is worse in the open air.

In administering a remedy for earache, it is well to give it in warm water and at intervals

of ten or fifteen minutes. By this method rapid absorption takes place and relief speedily follows.

### *Cocaine Poisoning.*

H. B. PALMER, L.R.C.P.

Cocaine poisoning may not be so rare as we are led to infer from the paucity of references to it in our ordinary text-books; yet I believe the following case will be of interest to some of my fellow-practitioners:

The patient was a robust man, about forty years of age, who in mistake for caffeine took ten grains of hydrochlorate of cocaine with ten grains of bromide of ammonium for a sick headache. The poison was taken on a full stomach, about two hours after dinner. Within five minutes of taking the drug the patient expressed himself as feeling wonderfully well. Half an hour afterward I was called to see him, as he felt, as he expressed it, "very bowel, and apparently arising from the laborers drinking water from the streams. 3. True typhoid fever occurs both in Western Australia and the Sandwich Islands. 4. In Western Australia cases were far less typical at the commencement than at the close of the typhoid fever season.

The above-mentioned observations have led me to form the following hypothesis: (1) that the typhoid bacillus exists in virgin soil; (2) that the typhoid bacillus requires educating—i. e., transference through a series of hosts before it produces typical typhoid fever; and (3) that so-called typho-malaria is due to an uneducated bacillus. These three hypotheses appear to me to be reasonable, firstly, from their analogy to the biology of the diphtheria bacillus; and secondly, from the excellent results obtained in both diseases by the use of olive oil.

### *Medicine our Mothers Used to Take.*

"For White Specks in the Eye: When you go to bed put some ear wax on the speck. This has cured many.

"For Weak Nerves, etc.: Kill the fattest dog you can find in March or April, scald him and take out his guts, fill up his belly with a pint of red pepper, a pint of red fishing worms, the bark of sassafras roots and water frogs, and sew up his belly close again, roast him, and save the drippings to anoint for sores, gouts, burns, weak nerves, etc.

"For Water Brash: Take a little stick and split one end, put two oak leaves in the split, then cut them round, then put them in your mouth as far as you can well suffer, and hold the stick fast between your teeth, abundance of water will run off the stomach; then wash the leaves in water and put them back again; do this as often as you see fit. If you do this before you eat it will take the water off the stomach and keep digestion.

### *Book Reviews.*

OPHTHALMIC DISEASES AND THERAPEUTICS. By A. B. Norton, M. D., Professor of Ophthalmology in the College of the New York Ophthalmic Hospital; Surgeon to the New York Ophthalmic Hospital; Visiting Oculist to the Laura Franklin Free Hospital for Children; ex-President to the American Homeopathic Ophthalmological, Otological and Laryngological Society; First Vice-president American Institute of Homeopathy; President of the Homeopathic Medical Society of the State of New York; Editor Homeopathic Eye, Ear and Throat Journal; Associate Editor, Department of Ophthalmology, North American Journal of Homeopathy, etc. With ninety illustrations and eighteen chromo-lithographic figures. Second edition, revised and enlarged. Phila., Boericke & Tafel, 1898.

There can be naught said of this book but good. It is the scholarly production of a man who is deeply in earnest in his work. He is a specialist among specialists. He knows his place in the medical profession, and he does not try to show that all of Homeopathy and all the prophets hang upon his interpretation of Hahnemann's discovery; that without ophthalmology there could be no successful homeopathic school to-day. There is something decidedly refreshing in a book that sticks closely to its own business and does not make many excursions into the past; that does not dig up and parade as evidence of the wide reading of the author all the old and forgotten treatments and instruments of this craft. And the illustrations given, and there are many of them, do not partake of the pocket-kodak order or the photo-lithographic kind. They were not "hooked" from old-school text books and made to do new service in the homeopathic profession. We make no special pretensions to adeptship in eyes and ears; we are content to believe that a man of Dr. Norton's prominence in his profession, and of the popularity

which has attended him in all the varied public offices which he has inhabited, cannot fail of having produced a book that is a distinct acquisition to his specialty as it is an added honor to our homeopathic profession. But this we do know that his therapeutics and his materia medica are of the Hahnemannian pattern and will pass current in every homeopathic household the world over. His indications for remedies are well selected and graphic. This is another good homeopathic book that should be on the shelf of every homeopathic doctor, whether he be a specialist or merely a general practitioner. Indeed, the subject is so well handled by Dr. Norton, and so well illustrated that the subject, from being one of interminable and not-understandable terms, resolves itself into a very fine practitioner's text book. It is a book that cannot grow old. And subsequent editions can not materially alter the present edition but only add to it.

**DISEASES OF THE SKIN:** Their Constitutional Nature and Cure. By J. Compton Burnett, M.D., Author of "Ringworm: Its Constitutional Nature and Cure." Third edition, revised and enlarged. Phila., Boericke & Tafel, 1898.

This new edition differs from the former editions only in the addition of Part Third, dealing with the cure of alopecia areata by constitutional remedies without any local applications whatever. It is needless to say, after reading that paragraph, that Dr. Compton is not a progressive homeopath or one of the American homeopaths (limited). He should come to our country and see how differently skin diseases are treated in our homeopathic schools, or in some of them at least; indeed, when he had made the rounds, he wouldn't know where the homeopathy came in. We are very clever in this country. We find what kind of a parasite is causing the skin disease, then they smother him with ointments and washes. Internal medication? Oh, well, perhaps a little sulphur in the yellow, or a little mercury, or at best some arsenicum. This is another book which our good friend Ludlam will not like. He doesn't like any of Burnett's brochures. But if he could see or spend a day or two with Burnet and see him at work and note the success of his medical and gynecological work, he might give him at least the benefit of the doubt. Before we made our recent pilgrimage to the International Homeopathic Congress we had the same impression which a reading of his little books seem to create, namely, that all his cases are successes, and that the success

is the product of remedies with which the homeopathic profession is not acquainted. But we met him and others who knew him well, and we got a better feeling concerning his books. It is truly a treat to sit down and read any of Burnett's works, it matters not what the topic. He certainly believes in his remedies, and his cases are selected from a wide range of practice. There is a simplicity and directness of style that charms while it instructs. No purchaser of this little vest-pocket book will regret the purchase.

**KEYNOTES AND CHARACTERISTICS WITH COMPARISONS OF SOME OF THE LEADING REMEDIES OF THE MATERIA MEDICA.** By H. C. Allen, M.D., Professor of Materia Medica and the Organon in Hering Medical College and Hospital, Chicago. Phila., Boericke & Tafel, 1898.

Dr. Allen needs no extended introduction to the homeopathic profession. He is as well known in the West as the other Allen, also a materia medica man, is known in the East. In fact the Allens seem to be the standard homeopaths, and whatever issues from their pens is good reading. Our present Dr. Allen has given us, in response to frequent importunings on the part of his students and admirers, a small pocket-book filled with a currency that will be valuable no matter how long the pocket book is kept. It is filled with practical thoughts on practical subjects—the most practical of all practical things in medicine—the materia medica. Without this a man may be a very excellent surgeon, so far as the successful operation is concerned, but he will miss the real victory if he know not the materia medica that will save the operated-upon patient. Dr. Allen does not burden the book-shelf with a large book, one that would be a tax on the pocket as well as the memory; he has taken the principal every-day remedies and given the leading and essential points of each. If he could have given us, in addition, his famous Intermittent Fever Repertory and Index, it would, in our estimation, have improved the book a good deal for office use. The profession cannot have too many books of this order. They breathe the true Homeopathy—a Homeopathy that believes Hahnemann knew what he was doing, and that which he discovered and gave to the world is worthy of preservation and exact imitation. And it is quite certain that this book will be a better seller and be more truly appreciated by the profession than if Dr. Allen had had all his many other titles appended on the



title page. His modesty in that respect bespeaks his merit. Get the book, brother students and practitioners, and see how much real help it will be to you in refreshing your memory and in helping you out with many a difficult symptom picture.

## New Inventions.

### *Catheters and Cystitis.*

By R. N. MAYFIELD, M.D., New York.

It is well known that when it is necessary to use a catheter of usual construction—that is, with the ordinary fine perforations as an inlet thereunto—it does not work readily or satisfactorily, or subserve fully the results expected from it.

Examples of such unsatisfactory operations are seen where there is a good deal of mucus present in the bladder, such mucus being apt to surround or lie upon the end of the catheter, clogging or stopping the apertures thereof and preventing the ingress of fluids to be drawn off; again, when sediment or calcarious matter is present, it clogs, even sometimes filling in part or completely the apertures, with consequent failure of the catheter to fully perform its functions. Such failures are especially apt to happen in nearly, if not quite, all forms of chronic diseases of the bladder, and notably so in cystitis.

My object, therefore, is to present a catheter that is reliable and efficient in operation when the use of a catheter is indicated in all conditions and diseases of the bladder. In this instrument the danger of clogging or failure to perform its functions is obviated, and its interior may be readily made aseptic, and bits of mucus that usually clog an ordinary catheter may be readily drawn off.



This catheter is of very simple construction, being tubular, with the curve of an ordinary instrument, and opened at the end for an inlet. For the closure of this open end, and for the easy insertion of the catheter, as well as for other purposes, a bulbous or rounded head is used, preferably solid, and attached to one end of a wire, passing through the body or

tube and projecting at its rear or outlet end.

This construction forms a very efficient catheter, having an area of opening so large as to greatly obviate the danger of clogging, for, if mucus should lodge against the open end, the working of the head back and forth upon its seat would cut away the obstructing bits of mucus and permit them to pass through the tube.

With this instrument there should be no hesitancy in using nitrate of silver, iodine, corrosive sublimate, carbolic acid, or hydrogen solutions in the bladder, as any of these solutions can be readily drawn off or neutralized, thus preventing poisoning from absorption, or preventing rupture from gases that form in the bladder.

Regarding the treatment of cystitis with the employment of this catheter, presuming that we have a typical case, with ropy, viscid, and tenacious mucus, the membrane thickened and possibly ulcerated, and in deep folds—"ribbed," as it were—we begin the treatment as follows:

1. Inject a quarter of a grain of cocaine, dissolved in a drachm of water, into the membranous portion of the urethra.
2. Anoint the largest hard-rubber catheter that can be well passed into the bladder, and increase the size one number each week until the urethra is normal in size.
3. Begin with dilute hydrogen solutions—preferably hydrozone—one part to twenty of lukewarm water, using this solution freely, especially when employing the large-size catheter. If the small size is used at the beginning, I recommend the use of only two or three ounces at a time until removed by the return flow. This can be repeated until the return flow is clear and not "foaming," which indicates that the bladder is aseptic.
4. Partly fill the bladder with the following solution: Tincture of iodine compound, two drachms; chlorate of potassium, half a drachm; chloride of sodium, two drachms; warm water, eight ounces. Let it remain a minute or so and then remove. This treatment should be used once or twice a day.

Where I suspect extensive ulceration I recommend once a week the use of from ten to twenty grains of nitrate of silver to the ounce, and neutralize with chloride of sodium solutions.

This treatment carried out carefully will be satisfactory, as there is no remedy that will destroy bacteria, fetid mucus, or sacculated calcarious deposits like hydrogen.

### Globules.

A simple remedy to remove pain from the eyes into which lime has found its way, is to wash them out with sugar water.

From contemporary journals we learn with deep regret of the death in Chicago of Dr. E. M. Hale on January 15, 1899, at the age of 70, of uremic poisoning.

When will the profession hear the last of those two Medical Advance publications in Chicago? One of these two popes is not St. Peter's real successor. Which is which?

Did you try your graft of malandrimum sent to you by William Jefferson Guernsey, M.D.? If not, don't fail to make use of it, especially just now during these scary small-pox times.

Dr. H. F. Biggar, Cleveland, will not be able to take his annual February yachting cruise in the Gulf of Mexico this year, owing to professional engagements. At the present time in three hospitals he has fifteen laparotomies under his care. The doctor will complete his 1200th laparotomy before the coming June.

Says the Medical World: A persistent nose-bleed may be stopped, after carefully wiping out all the clots, by injecting into the nose a glass-syringeful of lemon juice. Press the tongue hard against the hard palate and hold it there to control sneezing. Paint itching chilblains lightly with equal parts of iodine and carbolic acid.

The American Homeopathist does not quarrel with the bacteriologist as a bacteriologist. It accords him every praise due his discoveries and utility. But it does say that a homeopathic college should teach Homeopathy as the leading card, with bacteriology and any or all the other 'ologies as of the second rank. Our ridicule is levelled at the bacteriological homeopath (limited) and not at the honest homeopath who is also a bacteriologist.

Dr. B. Fearless Bailey, our worthy President of the American Institute of Homeopathy, in a paper in the (Denver) Critique, quotes two New York newspaper clippings to show how the dear people are not protected by the med-

ical law from quacks and medical blacklegs. Fortunately, under public policy, laws do not work backwards, else a good many of those who resided in the state at the time of the making of the law would be driven out because of their shameless ignorance and illiteracy.

The Massachusetts Homeopathic Hospital, Boston, has had a surpassing year in the treatment of its 1792 patients—the largest number in its history; and in the erection of its Nurse's Home and servants' dormitory, from a bequest of \$80,000 by Mrs. Ann White Vose. Other bequests during the year amount to \$45,500. A number of our personal (homeopathic) friends appear among the trustees, especially the Institute's friend, I. T. Talbot. Surely, Homeopathy is dying out—in Boston! Where is Gould, and Browning, et al.?

Prof. George B. Asbury, of the Flora, Ind., schools, is in receipt of the following letter from a mother of Flora: "Sir—It is neither my desire nor my wish that my son Samson persoo the study of grammer, nor of any other ded langwidges. He can get along with plane English, and as he ain't ever likely to be a Physickian, he ain't no need to persoo the studdy of fizzyology either, and i don't think their skelitons is a proper thing for children to studdy, and I prefer that Samson be konfined to rithmetic, readin', jogerfy and writin' and the names of the Presidents of our country."

The Missouri Institute of Homeopathy will hold its next annual session in Kansas City, April 18, 19 and 20. The new list of officers shows an acquisition of new and "unruly" blood—the kind of blood that doesn't go to sleep when something is to be done. The Institute is again in line for retrieving its recent several years of indifference and inactivity. There was a time when the meetings of the Missouri Institute were as important and looked forward to as those of the American Institute. But somehow they lost their hold. Let us have a revival of Homeopathy in Missouri, and may this coming session be a banner meeting.

### The American Homeopathist.

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# The American Homeopathist.

NEW YORK, MARCH 1, 1899.

FRANK KRAFT, M.D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



V. H. HALLMAN, M. D.,  
Hot Springs, Ark.

The hermaphroditic medical school must go.

It must be either fish, flesh, or fowl. The hash-college is played out.

When a student pays big money for homeopathic instruction and gets nothing that he can use in a practical way, he should turn on his alma mater and denounce her.

Surely in all such cases an action at law would lie against the corporation for receiving money under false pretenses. And every fair-play-loving man and woman would applaud the action.

You can't deny, said a recent homeopathic graduate to us in a street-car conversation, that our materia medica teachers get the students all "balled-up" with their two hundred remedies, and every remedy practically alike.

Now I'm studying in the old school along with a lot of other homeopaths, and I'm getting something with "hands and feet." I don't have to flounder around in a haystack looking for a cambric needle, which I wouldn't be able to use if I found it. I'm getting something for my money.

Then, again, the old school is far ahead of us homeopaths in physical diagnosis. [Whereat this writer was moved to exclaim, but did not : what doth it profit a doctor if he gain the whole physical diagnosis, and yet lose his patients?] Continuing, he said :

There are now fifteen of us [in Cleveland] attending the old school this year. Not because we're going back on homeopathy—not a bit of it; but because we feel the need of getting something practical, something that we can use in our everyday practice and right away. We haven't got the time to study an hour or two on every case for a remedy.

There is no doubt that the old school dominates everywhere : in politics, in appointments,

and in everything. It is 'way ahead on bacteriology, and all the latest advances in medicine are in its holy keeping. What have we homeopaths done? What books worth reading have we written? What journals are honestly edited and published "without a string"?



The only homeopathic journal I take, said this quite recent homeopathic graduate, published by a homeopathic pharmacy in Chicago, made the assertion last month that there are over three hundred homeopathic graduates taking the old-school course. Doesn't that show you that the rats are leaving a sinking ship? Better come in out of the wet, professor.



Thus closed the chat. Does this point any need for a sharp revision of our homeopathic schools? Is there any wrong in the manner of the teaching and in the teachers? Is it at all important for the profession to investigate this serious state of affairs? In short, is homeopathy a sinking ship? Sir?



If homeopathy is an immutable Truth and a law for the medical governance of mankind, why does it become necessary for so many writers in our journals to be modern Peter the Hermits, preaching another crusade against the Saracens,—not so much in the professional ranks, for they are really, we fear, past helping or saving; but directly against the colleges,—the fashioners of sinews of war for the old school to use upon us?



Why should an intelligent homeopathic graduate, with the ink on his diploma hardly dry, in discussing the situation, say that the homeopathic teachers "ball-up" the student with the interminable *materia medica*? Is it, in fact, interminable? Is there no key? Or is it because it is not taught right? And why say, too, that the other school is our superior in physical diagnosis? Is there aught in that branch which should render our school inferior?



The talk about the homeopathic authors is in the main "rot." We have many excellent books upon every division of the medical field. The

old school assumes all the things discovered by the chemists, and then assumes that it is its own discovery. We no longer need to "hook" our specialist information from allopathic authors; or, at least, we should not: though, to be frank, there are a good many books in the homeopathic market, floated on the narrow margin of a long and gladly forgotten homeopathic graduation of the author, which are but weakly disguised copies of old-school literature, with "homeopathy" salted into its walls with a generous eclectic pepper-box.



The East and many other parts are fortunately free, in great part certainly, of this threatening danger. There homeopathy is well and faithfully taught by Masters in the profession. And when a man leaves such alma mater and finds aid and comfort in the camp of our traditional enemies, his medical genealogy is easily traced to periods of inattention and indifference in the school years. But this is not so in the other parts of our country. Call up nine out of every ten homeopathic graduates of the last ten years, say either in Chicago or Cleveland, and query as to the faith that is in them, and be astounded at the result.



These are not ignorant men. They were not black sheep in the alma mater. They are not graduates whose final obstetrical examination, when published anonymously in order to point a large lesson, caused the alma mater to blush first and then become exceeding wroth with the editor. They are not men who crept in under the canvas because of a "pull" with some influential professor or college officer. That criticism will not avail in these cases, for these men are paying out more good money and taking still more of their time to get a medical education. Especially must this be apparent when it is recalled that, as in Cleveland, even the professors in the homeopathic college are among those who are now studying allopathy in the allopathic school.



What has caused this degeneration? Is the answer far to seek? Examine the annual announcement of the various homeopathic schools and see if it is not possible in some of

them to see, without a powerful reading glass, that which has sown the seed of dissolution. The old school having found it impossible to exterminate us with open and hotly waged warfare for over a century, resorted to another and yet more ancient device of the ancients. It sent us a wooden horse. We admitted it into our camp. We coddled it. And have but now realized that the wooden horse was filled with medical material carefully attuned to our everlasting undoing. The disintegration is moving apace noiselessly on well-oiled ball-bearings.



In this we do not quarrel with the old school. All's fair in love and war. This is war. And war is—carried on in several ways. We admire the executive ability of the old school. It never sleeps nor slumbers. Defeated in one way, it bobs up serenely in another. Since it couldn't bludgeon the life out of the fathers, it now adopts the easier but no less destructive plan of marrying into our best families. But the dear homeopaths, such of them as yet remain to recount the ancient glories which followed our flag, wake to action only when the drums beat to quarters. Then there is spasmodic life; and again silence, like a *cimicifuga* pall, falls over the scene broken only by petty bickerings and jealous strivings in the faculties and societies.



Then, when they are not too busily engaged in chasing that Mighty Dollar, they meet in societies and listen as patiently as possible to a wordy wrangle between interested specialists on the one hand, and the general practitioners on the other, as to the policy of amalgamating the homeopathic interests of the city with an allopathic concern whose two journals never tire of burlesquing and ridiculing our school and its practitioners.



Men and women of the homeopathic profession, you who have not forgotten, in this age of sham reforms, the value of homeopathy to you and your patients, are you content to send your student to schools of which you know nothing save what the school annually prints and sends to your desk? Doth that simple feature content thee? Are you not concerned in the

medical future of your people? Will it reflect credit upon you to be twitted in the American Institute and your other societies that your students have turned tail and gone over to the camp of the enemies? Are you really indifferent? Will nothing rouse you?



Awake, or be forever fallen! Scourge the Money-changers out of the Temple! They have made it a Den of Hypocrites! Put homeopathy again in its place in the homeopathic college, or take down the sign! A student who pays nearly a thousand dollars, and attends four years in a "homeopathic" college, suffering patiently all the ills of that celluloid-collar and hall-bedroom three-in-a-bed period, and after all must go to an allopathic college to get something "practical"—that man has been swindled out of both time and money. And he will not soon forget or forgive the gold-brick deal. That man will do our school more harm than a hundred well-trained homeopathic students can ever undo.

### **Materia Medica Miscellany.**

Conducted by J. WILFORD ALLEN, M.D., 110 West 12th Street, New York.

References in this department are made by number. See issue of January 1 or December 15 of each year.

#### ***Iodide of Lime in Croup.***

Dr. A. G. Beebe,<sup>18</sup> in referring to the use of the iodide of lime in coughs, gives his experience as follows:

"Not in coughs in general have I used it, but in croup I have for many years—twenty-five at least. I presume it might be of benefit in other kinds of cough. It is, however, an unstable remedy, and must be prepared fresh for every case. I cannot say in what form of croup, whether spasmodic or membranous, that it is of the most value, nor in which I have used it mostly. The pharmacists have prepared a trituration of what is called the iodide of lime, but it is an impure iodide of calcium, which is trituated and sold as the iodide of lime. I have brought a bottle of the iodide of lime with me, and, as you see, it is a dark-brown crystal. This preparation is made by saturating the lime

simply with the iodine, and is called Nichols' Iodide of Lime. I have used it for all cases of croup (not diphtheritic) for twenty years, and have never lost a case in all that time. I give it in doses of one-fourth to one-half grain of the crude drug repeated at intervals of an hour; or, if the symptoms are urgent, as often as fifteen to thirty minutes for the first few doses. It should be continued until the dry, croupy cough gives place to a moist or catarrhal one, and until all danger of recurrence during the night has passed. After that other suitable remedies may be used. It may be conveniently given mixed (not triturated) with sugar of milk, or it may be put into water. As it is a very unstable preparation, it should be exposed to the light and air as little as possible."

#### *Veratrum viride in Puerperal Eclampsia.*

Dr. F. S. McRady<sup>13</sup> reports the case of a stout, healthy-looking, plethoric woman who had been in labor about sixteen hours. On digital examination the os was well dilated and the head engaged in the pelvic cavity. The pains were worrying, inefficient, and no progress for several hours. Without any other premonition, he noticed her eyes were spasmodically fixed for a few seconds and the lids working rapidly, the face distorted and the head drawn to one side almost to the shoulder; then there supervened tonic general spasm, the tongue badly bitten, with bloody saliva; dark, purple, suffused face; the tonic spasm was followed with rapidly repeated clonic seizures. The delivery was accomplished in about ten minutes with forceps, the patient still unconscious, but the convulsions continued with but little abatement. Her pulse was very rapid, small, and difficult to recognize. There was no time she could swallow any remedy. Chloroform was given, but with little result; also chloral by enema, but it was retained after over one hour of futile attempts in using various remedies. The flooding was large, therefore venesection was not practiced. At this juncture twenty drops of tincture of *Veratrum viride* was administered hypodermically. In a few minutes the convulsions ceased; pulse was fuller, slower, and softer; breathing deeper and more natural; and she passed into a quiet sleep for more than two

hours, when she was awakened by the cry of the baby. Complained of her tongue and arm, but was totally oblivious of what had transpired in the birth of the infant and the terrible ordeal through which she had passed. Her condition remained uninterruptedly good. A mere trace of albumin was found in the urine.

#### *Ferrum phosphoricum in Supra-orbital Neuralgia.*

W. A. Dewey, M. D.,<sup>9</sup> thus translates a paper by Dr. Parentrau read before the Société Française d'Homéopathie, in which he says:

"In 1897, in discussing *ferrum phos.* in this society, Dr. Nimier assured us that this remedy finds an application in supra-orbital neuralgia of the right side with a morning aggravation.

"At that time I had a young patient of fifteen years, an anæmic girl, with imperfect menstruation, who for three months caused me to despair of curing, owing to the tenacity of her affection, which resisted all remedies prescribed.

"I therefore resolved to give her *ferrum phos.* in the 6x potency, and I had the surprise and satisfaction to note that scarcely two days after the administration of the first dose a certain amelioration was produced. Naturally I continued the remedy, and at the end of eight days the amelioration was such that the patient thought herself cured. However, I advised her to continue the treatment for a week longer and then report. She did not come until two months afterward, but the cure was absolute and without relapses.

"It is unnecessary to state that whenever I found a supra-orbital neuralgia of the right side I hastened to give this remedy; but several experiments of this kind having been followed by absolute failure I was about to believe that my first observation was a simple case of spontaneous cure, when recently I had successively two cases of cure which convinced me that the explanation given by Dr. Nimier was absolutely exact."

#### *Protoiodide of Mercury in Cough.*

Dr. W. S. White.<sup>14</sup>—There is one kind of cough which comes on during the secondary stage of syphilis. These patients cough whether they take cold or not. Any remedy that is ordinarily good for coughs may be given, and yet the

patient coughs. Remove the tonsils, and the cough still continues. In these conditions I follow the plan spoke of by Hahnemann in his "Lesser Writings," and put the patient on the proto-iodide of mercury, and fill him with the drug. That is the only method of treatment I have as yet found to be of any benefit.

### *Pichi In Chronic Cystitis.*

Dr. H. W. Whitaker<sup>28</sup> thus refers to "pichi": "In Chili, South America, pichi is found growing as a shrub in abundance. No doubt the active principle of the drug resides in the balsamic resin, but chemical examinations have so far been unsatisfactory in determining its chemical composition. The annoying symptoms of chronic cystitis, with enlarged prostate, yield to the action of pichi, as was illustrated by the report of a case. This remedy is indicated in all of the various forms of diseases of the liver. In gallstones it has proven a valuable agent in assisting the secretion of bile and, theoretically, aiding the discharge of the stones. Uric-acid formations rapidly disappear from the urine under the corrective influence of this remedy, and the general condition of the patient improves."

### *YOUR SIMON-PURE SUBSCRIBER.*

JUST as we were felicitating ourselves upon having placated all our former enemies by reason of the adoption of the much-vaunted and highly-cracked-up molasses style of editorial writing, we learn that a former subscriber in the West has thrown up his subscription, and for reason for his act (at the end of the fiscal year, when the business part of the journal was likely enough prodding him for his subscription money) waxes ungrammatical and exceeding sarcastic and twits us with our pretended Simon-pureness in homeopathy while yet admitting to our advertising pages the Antikamnia and other proprietary preparations.

We suppose, now, having entered upon this crusade for virtue and veracity, he will also cut off his *Weekly Christian Propagander*—for this size of intellect does not read a daily paper, or, if he did, would occupy his elegant leisure in finding all the Three-Day Cures, the Free Trials to Men, the Manhood Restored by Electric

Belts, the shady Personals, and other succulent nastinesses—this man, we repeat, will now also cut off his *Weekly Propagator* because his hitherto favorite preacher-editor does not "kick" when the wicked partners at the other end of the line, the publishers and printers, admit to their columns Vinegar Bitters, recommended by the Presiding Elder of his district; the Pennyroyal Pills, a dead sure thing; lightning rods, and driven-wells swindles; \$2.99 solid gold watches; Celery Compounds, and Sarsaparillas; Doubtful ways of making Something from Nothing, and other notoriously dishonest and disreputable ads. And his poor wife—how we pity her!—must now give up her *Monthly Crazy Quilt* because Miss Jenny A. Jones, the accomplished and charming editor, permits advertisements for complexion soaps, crimping irons, kabo corsets, false hair and excelsior, bustles and bust-developers, high-heeled shoes, and other equally unhygienic and sinful things to appear in her advertising pages instead of letter-perfect, baby-ribboned essays on bibs and tuckers, point lace, knife-pleats, and heart-to-heart chats with ex-Presidents of the United States.

This man in the West ought to come out of his tub occasionally as a New Year's gift, extinguish his perforated-tin-sided lanthorn, and let the full light of the sun fall upon his shiveled intellect; then he will learn that the time is now long since past when an editor, living in one city, is held responsible for the acts of his publishers, doing business several hundred miles away. When a man in the medical profession has so little to do, and with such large predilection for doing it, that he sits him down, skips all the good things in a book, and industriously sifts out the bad words in order to confuse the writer, then he puts himself on a level with that other virtue-and-veracity-defending but hard-to-collect-from scrivener who had it in for the editor. "No," said he, "I haint able to say nothing bad agin that editor-fellow; but, by ginger, I'll git even with him yet; I'll prove that his sister haint no lady! See if I don't!"

No one is obliged to read the advertisements in our pages; nor, having read them, is he necessitated to rush out and purchase the wares so set out. We credit our readers with a fair

share of common sense—this man in the West being no longer a subscriber; but we do say that our advertisers are select and gilt-edged; none others are able to get into the pages of the *AMERICAN HOMEOPATHIST*. Money alone cannot buy space with us. The Ripans people tried that and failed. And there are others. While some of the articles advertised may not strike the Simon-pure homeopath as necessities in *his* line of work, we challenge him or anyone else to show that what we advertise is not genuine, or not honest, or is not worth dollar for dollar what the reader pays for it. Or if ever an objectionable article found its way into our pages, and attention was called it, whether it was not promptly canceled?

The man in the West is not half wise. The best way to spite an editor is to ignore him. When next he drops his subscription to a strictly first-class, high-grade, religious, peace-loving, morality-inculcating journal, if tempted to write another unseemly, sarcastic, ungrammatical letter, he should remember that the anger of insolence is equal to the anger of rejection.

#### TEMPLE S. HOYNE.

WE learn with deep sorrow of the death of our good friend Dr. Temple S. Hoyne of Chicago. The newspaper clipping from which we gather this sad intelligence merely says that it was the result of some operation. Our last meeting with Dr. Hoyne was in London at the time of the International Homeopathic Congress. He had been on the continent of Europe during the summer, but came to London in time to see the closing services; and he was also present at the Hotel Cecil dinner given by the British Homeopathic Society. Dr. Hoyne was a genial, whole-souled man and brother. He was a good doctor and editor. The *Medical Visitor*, we believe, was his creation; and it had a wide circulation. He was a man of pronounced opinions, as every man must be who believes in anything. Naturally there grew up those who opposed him; and in many minds, even in this enlightened day, there are many small people who construe a honest criticism of official acts into a personal attack; so it happened that Dr. Hoyne but verified that old saw,

Where there is no shadow neither is there any light.

#### THE CHICAGO TRIO.

NOW Chicago has lost Mitchell, Hale, and Hoyne. Not three of a kind; but three men who in their time have done much to bring homeopathy up out of bondage. Through their courageous and intelligent battling, homeopathy has ceased to be a laughing matter with the populace. Each of these three men had his particular following; and while no two of them pursued the same path, yet the three worked for the same end—the success and glory of homeopathy. The world has been better because these three lived and labored in it. And so it cometh to all, great and small—that still small voice that summoneth to lay off this corruptible and put on the incorruptible. That supreme moment that cuts the thread of life and launches the weary soul into eternity. May we all so live and act that the Grim Reaper may not find us unprepared for that Glorious Translation.

#### OUR COPYING CONTEMPORARIES.

WE are pleased to note that several of our honorable exchanges—for they are all honorable men—have adopted our Pil. No. 50 department. But rest in peace, dear reader—they don't let on that they are copying the idea, and sometimes even the information, conveyed by our researches. They give no credit. They call it something else. But that's as far as they can go. There's only one editor who puts opinions that burn in his Pil. No. 50. And a natural timidity and bashfulness restrains us from publishing his name. Keep on copying, brethren. We don't care. But say something yourself sometimes. Call attention to some of the evils which you know, as well as we, are sapping the life out of our school and profession. It's a comfortable thing always to be on the side of the majority, but it isn't always manly. Your subscribers expect something from you besides superlative-degree descriptions of all the dinners you eat when abroad, or of the superexcellences of our college and our professors and our hospital and our society. Sunday-school editing of a medical journal is pretty nearly played out.



**PARIS HOMEOPATHIC CONGRESS.**

OUR French brethren, plus our efficient and popular English brother Dr. Richard Hughes, give notice to the homeopathic profession that the next International Homeopathic Congress will be held in Paris in 1900, the exact date not yet being determined, but to be some time between the 20th of July and the 19th of August, and asking that active co-operation be given in order to make it the success it deserves to be. It is necessary, says the advance pamphlet, that all essays and papers be in the hands of the commission by January 1, 1900, at the latest, and should be addressed to Dr. Leon Simon, 24, Place Vendome, Paris, France.

From our personal acquaintance with the president and with other of the French brethren, whom we had the honor to meet in London at the last International Homeopathic Congress, we feel sure that no labor will be spared to make this as grand and successful an occasion as was that of 1896. We thus early notify the American profession to make its preparations for visiting this beautiful city during its holiday time, and attend the Congress as well as the Exposition. Also not to forget that Our Illustrious Master, Hahnemann, lies buried in this city, to whose new grave—now rescued from its ignoble former sepulture—every American pilgrim should make at least one visit. For particulars of the trip, rates, hotels, ocean passage, railways, etc., address this editor.

**FAKE MEDICAL PAPERS.**

LAST fall we read an interesting paper in the *Journal of Orifical Surgery* having reference to the excellent results obtained in the treatment of morphine fiends, etc., by the author. But the treatment was not given, the author saying that he would be glad to communicate with anyone touching this part of the subject. When we wrote him, he answered that he was sorry of his inability to tell me what the treatment consisted of, as he was under contract not to divulge the secret until a certain date in February. Meantime if we would send him our cases we would receive a liberal commission on all fees received from such patients. A week ago we again wrote this author reminding him of his promise. An

answer came from some other doctor in that sanitarium to the effect that the author of the paper was no longer connected with the sanitarium on "account of his health." And so we conclude that the article on The New Treatment for the Opium Habit which appeared in the journal quoted was a cleverly worded and masked advertisement for a Chicago sanitarium. Doubtlessly the astute editors of the *Journal of Orifical Surgery* were taken in along with the rest of the readers, many of whom, like ourself, bit at the gold brick.

**THE HAHNEMANN MONUMENT FUND.**

WE have received a copy of the annual report of the Ladies' Hahnemann Monument Association. It gives the names of the eminent ladies in various parts of this country who have enlisted in this worthy cause, and it outlines the plan of work for the future. It makes mention of the Boston School of Medicine as inaugurating a movement for raising funds for this monument, and hints that other colleges might do the same. We recall that Pulte did this last year—giving the price of the usual graduation banquet to the Hahnemann Monument Fund. And this year we learn with much pleasure that the Cleveland Homeopathic Medical College proposes to omit its annual banquet to the students and give the price to the Monument Fund. And we doubt not there are others of our colleges who will follow this excellent example.

All honor and thanks to the ladies of the Hahnemann Association for their noble and untiring labors in this field. With their active co-operation the success of the work is assured.

As we have repeatedly said, this is one of the most noble undertakings in which any man or woman could engage. It is distinctly for the professional good. It is not like building a hospital or a large free clinic, in which people of all shades and denominations of alleged charity are ministered to gratuitously, to the detriment of the doctors who have spent thousands of dollars and much time in becoming perfect in their work. The profession ought not to hesitate a moment to solicit from its patients. The erection of that monument, in the Congressional Library angle at Washington, will be the immor-

talizing of the school. It will be a constant reminder to the masses that homeopathy is not dying out. Some of those hurrah-subscribers at Denver have not yet paid a penny either for themselves, their journal, or their college. Come, brother and sister, do something and do it quick. Pay up your subscription. If you have done so, repeat it. Everybody, according to his means, send something.

### MY LITTLE BOOK.

WITH the return of the spring \* we note also the return of that eminent contributor with the footnote attachment which always refers to "my little book on — published by Thus & So, Chicago." It is a clever scheme of book-reviewing your own book, and doing it in a way to disarm suspicion. But, briefly, a book that cannot be kept alive except by self-praise is too feeble a bantling to keep before the public. It should die the death. Having started in the East, may we now expect to find other of our eminent editors ready to be hoodwinked by this clever ad.?

### QUESTIONS AND ANSWERS IN MATERIA MEDICA.

Prepared by EDWARD FORNIAS, M. D.,  
Philadelphia, Pa.

Give the hour of aggravation of lycopodium.

All the symptoms are worse from 4 to 8 P. M., except the pain in the back, which is better by urinating.

Give the dyspeptic symptoms of lycopodium.

Sense of fullness after eating even the least amount. Sudden repletion. Much rumbling of wind in left hypochondrium. Wind usually escapes downward. (Carbo. veg. upward).

Give diphtheria of lycopodium.

When the trouble commences on the right side and extends to the left (lachesis, opposite). Fan-like motion of alæ nasi.

When is lycopodium indicated in children?

When the child is of a pale, dirty, unhealthy complexion, and cries before urinating.

\* This was written in February, with the snow covering the vista as well as the ground.

Diaper stained reddish yellow, sometimes containing red sand.

When is lycopodium indicated in urinary troubles?

When urine contains red sand like brick-dust, other symptoms agreeing.

What is the general indication for ipecacuanha in gastric troubles?

Great, *constant* nausea, with inclination to vomit.

Give the stools of ipecac.

As green as grass, fermented with nausea, and colic: or griping pinching pain in the umbilical region.

When is ipecac. indicated in catarrh of the chest?

When there is much rattling of phlegm, with inability to raise it (tart. emetic); sometimes vomited up (in children). Spasmodic, suffocating cough.

Give hemorrhage of ipecac.

Continual flow of *bright red blood*, with *great nausea*. *Hemoptysis* preceded by a gurgling sound up the chest.

When is chelidonium indicated in hepatic trouble?

When there is *a constant pain under lower and inner angle of right shoulder blade*, with or without jaundice and grayish or slimy stools.

Give the stools of chelidonium.

Like sheep droppings. Gastric or bilious diarrhea. Stools slimy, grayish, very yellow, or watery.

Give a general indication for china.

In all troubles due to loss of vital fluids. (Phos. acid. — Ars.). Especially great debility.

Give intermittent of china.

Chill every second day, anticipating about three hours each succeeding chill.

Give the diarrhea of china.

Painless, undigested stools (ferr.), with much distention of abdomen. Eructations do not relieve the distressing flatulence.

When is china indicated in worms?

When child is constantly digging and boring in at the nose, with paleness about the

mouth : and blue rings around the eyes.  
Variable appetite : desires sweets.

When is *cina* indicated in fevers ?

When child is very cross and irritable :  
screaming out in sleep : turbid urine.

Give the child for whom *chamomilla* is indicated.

Excessively fretful and cross : must be carried  
up and down the room continually to be  
quiet. Wants everything he sees, and after  
getting it he throws it away. (Compare  
*staph*). Especially during dentition, when  
one cheek is red and the other pale.

When is *chamomilla* indicated in painful troubles?

When the patient is peevish and irritable :  
can't bear pain (*coff.*) : can hardly answer  
one civilly.

When is *chamomilla* indicated in labor ?

When the labor-pains are long-lasting : or the  
pains shoot upward.

Give cold of *chamomilla*.

Dry hacking cough : one cheek red, the other  
pale : over-sensitiveness to open air : aver-  
sion to wind, particularly about the ears.

Give stools of *chamomilla*.

Green, watery, corroding stools, smelling like  
rotten eggs, and containing white particles :  
especially during dentition.

Give mental symptoms of *ignatia*.

Silent grief : suppressed grief. (*Pulsatilla*  
wants condolence.) Spasmodic laughter  
and grief. Broods over imaginary troubles.  
Frequent involuntary sighing with a sense  
of goneness or emptiness in the pit of the  
stomach. (*Sepia*). The least emotion dis-  
turbs the patient. Bad effects of disap-  
pointed love.

Give the headache of *ignatia*.

As if a nail were driven out through the side,  
better by lying on it. Headache worse  
from smoking or any use of tobacco.

When is *ignatia* indicated in children ?

In spasmodic affections consequent upon  
being put to bed soon after punishment, or  
due to reprimand.

Give intermittent of *ignatia*.

During chill, thirsty : external warmth pleas-  
ant : during fever heat no thirst : external  
warmth very unpleasant.

## Pl. No. 50.

### *Treating Names Instead of Patients.*

Distinctive names for collective symptoms are  
not objectionable, but to treat the name rather  
than the condition is not good practice. To  
administer remedies because they are recom-  
mended as good for some disease, without regard  
to symptoms or pathological condition, is not  
specific medication. There are no specifics for  
names of diseases, and such names could be  
dispensed with without detriment to patient or  
physician.

A "Newer Practice" might be written in  
which the old nomenclature could be abandoned,  
and the familiar names, pneumonia, rheumatism,  
typhoid fever, syphilis, and the like, altogether  
ignored. Many morbid states, such as dropsy,  
anæmia, neuralgia, dyspepsia, and so on, which  
are now described as distinct affections, are in  
fact but symptoms, and numerous other names  
suggest no definite idea of disease. Replying  
to the question, "What is your best remedy for  
Bright's disease?" or any other named perva-  
sion, I would say, it is the indicated remedy.  
There are no specifics for names, but for con-  
ditions. The symptoms being carefully noted,  
the remedy is plain. Specific diagnosis precedes  
specific medication.—*The Eclectic Med. Journal*.

[This comes from the eclectic side of our  
common profession. How many of our later  
generation of homeopaths know that this is the  
basic principle of homeopathy, varied only a  
little in the last three lines—that sentence  
referring to specifics? Homeopaths do not  
believe in nor deal in specifics; each diseased  
condition having its own remedy. But when  
one comes to think of it, how much of current  
homeopathy is in reality eclecticism?]

### *Bugteriology : Is it an Unmixed Blessing.*

We can hardly suppose that the discovery at  
this late day of the various germs which are now  
believed to be the causes of disease in any way  
implies that they did not previously exist, or that  
they were not in the past either potentially or  
actually capable of causing disease. Is it any  
wonder that the lay mind, looking back to an  
ancestry blessed with as long and as healthful  
lives as their own promise to be, should fail to  
comprehend the necessity of the various con-  
stantly increasing restrictions, cautions, and  
hygienic regulations whereby they feel that  
their personal liberty is being unwarrantedly  
restricted?

We do not wonder at it, and from our present point of view we cannot but think that their animadversions are, in a measure, justifiable. We think it is a point open to very serious question whether the present generation is more robust than, or even as robust as, the last, or whether there is any less sickness now than then. Making all due allowance for the number of invalids conjured into existence by the rapid growth of specialism, the increase in the number of physicians, out of proportion to the increase of population, seems to point to the fact that the total amount of sickness is not materially diminished. Is the race as a whole becoming any more healthy or any less liable to disease?

We see no evidences of it. We may be able by statistics to show that a larger number of infants are floated through the dangers of the second summer on sterilized, pasteurized, or modified milk, but how many of these survive to become robust adults? We may be able to show by life insurance tables that the duration of life is, on the average, a little longer, but that proves nothing as to the kind of lives preserved. Nature works on the masses, ruthlessly disregarding the individual units, whose only chance of happiness at her hands lies in their conformity to her laws for the whole; we, on account of our limited power, seek first the good of the individual and through him that of the mass, but, in doing so, we would do well to be guided in our efforts by natural laws. Our efforts are too often spent on laboriously aiding the survival of the unfittest by artificial means; we had better direct them to rendering as many as possible fit to survive.—*The Hahnemannian Monthly*.

[Under the editorial caption "A Danger from Too Much Asepsis" we find the above extract. The whole editorial should be read in order to gather the full value of the thought; but the above is sufficient to show that our esteemed contemporary has the right view of the prevalent craze, and is not continually occupied in genuflecting before this idol—with the clay feet.]

### ***A Practical Hint to Medical Students.***

Medical students are taught surgery; the hospital staff attends to the patient, and the taught ones do not get the chance of operating. If physicians want to be successful, they will study the diseases of women and children. The father of a family seldom, if ever, gets sick. The mother and her children frequently do so. Out of one hundred patients, over ninety-eight will be women and children. The obstetrician and the child's doctor gain renown and wealth. In twenty-six years of active labor I have never

had occasion to amputate an arm or leg, but have attended nearly two hundred normal labor cases, and many others not so.

If I had been an expert and skillful surgeon, and had depended upon this branch of science alone, I should have starved; but a year's experience taught me that I must look for work of a medical nature.

The majority of medical graduates seldom see cases of "capital" surgery; only minor surgery comes their way. Medical cases are the most numerous. Those incidental to labor and the first two years of childhood are the most frequent.

Now, let young doctors remember these facts, and they will prosper.—*Luigi Galvani Doane, M. D.*, copied in *The Medical Gleaner*.

[There now: what we done tole you? And yet every student issuing from a medical college lusts for that blood power which surgical specialties seem to bring. He doesn't know that the renowned operator, who does his work with such neatness and dispatch, passed a long period of his life almost at starvation's point waiting for big cases. He doesn't know that many a prominent surgeon specialist of to-day was supported by his wife taking boarders for a good many years. True, a plain general practitioner has his difficult row to hoe; but nothing like so painful and laborious as that of the surgeon-specialist. Besides all this, as we have repeatedly said in these pages *The Reign of Blood* is coming to an end, first, because the people are tiring of the modern *Aceldama*: Operations, Blood, Operations, Blood. And, second, because every student now issuing from his alma mater is fully as competent to do all the operations as his teacher. It is strictly a commercial question of supply and demand. When everybody is able to do capital operations, then the operations will cease to be capital, and, argal, capital will cease as well. And the greatest of these is capital! Study *materia medica* and therapeutics, ladies and gentlemen, step into a comfortable living almost at once, and then, later, if you have meantime developed any special skill in any special line, you will not be long permitted to hide it under the modest garb of a general practitioner. Emerson said if a man with a special gift should bury himself in the midst of an unbroken and untraveled forest, very soon there would be numberless well-worn paths to that man's house.

### **More Homeopathy for Grippe Treatment.**

One of our Northwood's students brings the news of the discovery of a new specific for La Grippe, by a homeopathic physician, which is claimed to have cured hundreds of cases expeditiously and thoroughly. The prescription is as follows :

R Gelsemium 3x  
Bryonia 3x aa gtt. vj in glass of water.  
Eupatorium Perf. 3x gtt. vj in glass of water.

Teaspoonful of first combination, to alternate with teaspoonful of eupatorium every hour.

Shades of Hahnemann ! *O tempora ! O mores !* The need of additional lectures on homeopathic therapeutics seems urgently essential, especially as the student calls the above flummery homeopathy.—*The Chironian*.

See that ! But these "boys" are taught homeopathy in the New York Homeopathic College by Allen, Porter, Shelton, and several others. And when they see a *bung mott* like the above quotation they "spot" it and its recommender. There are homeopathic giants in that school ! And there are more growing now in the classes. *The Chironian* is a wonderfully clever little paper and does credit both to the college and its able editors. Brethren, we greet you !

### **Practical Pointers in Therapeutics.**

—The three medical examining boards of Connecticut require seventy-five per cent. of all questions must be answered correctly. This year forty per cent. of the candidates failed to pass.

—A St. Petersburg physician finds that the application of an ointment of ten parts of ichthyol and eighty parts of lanoline prevent pustulation and abbreviate the cutaneous manifestations in smallpox.

—To show the great power of common turpentine, a writer in the *Maine Journal of Medicine and Surgery* adduces the alleged fact that "a pregnant woman needs only to remain fifteen minutes in a new painted room to produce an abortion."

—Dr. Weiss says that in all cases of local carbolic-acid poisoning alcohol is an absolute and immediate specific.—*N. Y. Med. Times*.

[And someone else, not now identified, finds that lard is an efficient antidote to strychnine, and arsenic poisoning.]

### **American Doctors in France.**

—There will soon be no American physicians in France. That country now requires not only the French M. D. degree, but a French Baccalaureate degree as well. This practically means that with the death of foreign physicians now practicing in France, no medical men will be allowed there except French doctors. This exclusiveness is senseless and uncalled for, and we should make it as difficult for a Frenchman to practice here as they make it for Americans to follow the profession there.—*N. A. Journal of Homeopathy*.

[And this from an occupant of a barbed-wired medical-board State ! Well, truly, this is funny !]

### **Who Caused the Patient's Death.**

The latest dictum of the "Christian Scientists" is that if a man comes under their ministrations after being under the care of a physician, and then dies, it is not their fault, but the physician's. If there were no physician, the blame would probably be thrown back upon the nurse who cared for him in infancy.—*The Chironian*.

Same thing in the legitimate practice of medicine. If you send an operative case to your bosom friend, the specialist, and she dies either under the knife, or from the lack of proper after-treatment, then it is always blamed on the family physician ; who, being a crank on materia medica, held the case too long. Therefore, when it came into the specialist's hands there was no hope. But bless your dear heart, don't imagine for a moment that the said, afore-said specialist refuses to take the case, or refuses to operate on it, or refuses to charge a big fat sum for the work, or that he says a word to the family physician, or the family, or the intended victim, of all this. Oh, no ! this all takes place after the death. If the patient gets well, then there is another hopeful view to take by the specialist. Then the cure was produced by the specialist, notwithstanding the long "monkeying" of the family physician with materia medica. No ; he never throws a possible operation over his shoulder. He must swell that list, and thus have more operations to show than Biggar, or Runnels, or Walton, or Green, or Ludlam, or—the gynecologist of the New York College—singular we can't recall his name ; but the fact

is that, like Hahnemann of Philadelphia, every chair is so ably filled by specialists, and they pull together in such amity and unity, that no class ever asks for better teachers and teaching, and so no one professor's more in the public eye than any other of his associates; but anyhow this quoted specialist will even pay the hospital fee and do the work for nothing rather than let it go into the hands of another member of the same hospital. Yes, worse even than that: he will coax a clinic to come to his private office and then coax some sort of a fee out of the free clinic patient.

### Book Reviews.

A PRACTICAL WORKING HANDBOOK IN THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE GENITO-URINARY SYSTEM, AND SYPHILIS; being the Revised and Enlarged Notes, with additions, by GEORGE PARKER HOLDEN, M. D., of Clinical Lectures Delivered in Flower Hospital Amphitheatre, by F. E. DOUGHTY, M. D., and Professor of Genito-Urinary Diseases in the New York Homeopathic Medical College. Philadelphia: Boericke & Tafel.

This book was overlooked on the Review Table. It was taken off the table—to be honest about it—and used in practice. And by accident it found its way on the working shelves and never again on the book-review table. But it may not be too late yet to say that it is an admirable bit of writing, and reflects credit as well upon the lecturer, Dr. Doughty, as upon his faithful Boswell who collated and prepared the lectures in the present readable and well-arranged plan of this book. The subject is not new, it is as old as human history; but it is always interesting because in the main so difficult to handle. The time has long since gone when it was said to be easier to treat a dose of gonorrhea than a cold. While we do not go the full length of Noeggerath's dictum, we do believe from experience in several years' practice that gonorrhea left in the system of the male—being suppressed by astringent injections—is a prime source of illness and painful ailments in the unhappy partner of the infected man. Dr. Doughty handles the subject in his usual forceful and interesting fashion, and no student can rise from a half hour's browsing in these pages

without having learned something of value for his next presenting case. The book has one fault, and that is its inordinate use of italics. A good writer lets the "hysterics" well alone.

A TEXT-BOOK OF GENITO-URINARY SURGERY. By KENT B. WAITE, A. M., M. D., Professor of Genito-Urinary Surgery in the Cleveland Homeopathic Medical College, Member of the American Institute of Homeopathy, Ohio State Homeopathic Medical Society, Cleveland Homeopathic Medical Society. 1898, Press of the Britton Printing Co., Cleveland.

Dr. Waite says, in his Preface: "This little volume has been brought out for the use of students, and contains the lectures delivered to my classes. No claim whatever is made to originality; the works and journals of all schools have been freely drawn upon; my desire being to collect in a handy volume the best and latest knowledge in this field of surgery. The thought has been not to consider the 'why's' nor the 'why not's' of any operation, but simply 'how' it is best done, and in so doing have given my own personal experiences."

And having so said, the *raison d'être* of the book is made manifest. Aside from its intrinsic worth as a text-book on this important subject, there is much to commend it to the profession as well as the students. It is clearly and brightly written; there is no mistaking the author's meaning. He writes from the shoulder and never minces his language, however delicate the subject on hand for treatment. He does not go into an encyclopedic explanation of all the different opinions held upon this or that genito-urinary disease by all the great lights in this specialty. He does not use a kodak to give appearance of great research and investigation; in fact he is to be especially congratulated for having no pictures at all in his little book; so that it was not necessary to borrow the Instrument-Makers' wood cuts, giving them a large advertisement for nothing. He makes his statement of the case without parade of deep learning—in so many cases gathered in the quiet of the private library from encyclopedias. His book is in the form of a lecture; beginning with the name of the disease, followed in anatomical order by all that is necessary to know upon the subject. He gives the operation, when one is

needed, and he appends the local and homeopathic or other treatment when local or internal treatment is indicated. Being a surgical work, the author does not pretend to excise a bit of cancerous tissue with the 'high potency' of a homeopathic remedy—as the homeopathic general practitioner is so commonly supposed to do. It is a courageous book,—if that is a proper expression to use,—in that it goes to its aim without ifs, ands, or buts. It asks no odds of anyone. It doesn't creep on its rectus abdominis to every pettifogging author who may have touched the hem of this garment in the ages that are past. There is no currying of favor with anyone. This author is intent upon showing his class and his reader what the disease is and how to cure it. And having said that we have said all that can be said of any practical work. It is one of the pitiable facts in the book-making business of the last generation—especially in medicine—that so many of the books are mere advertisements for the author, upon which he hopes to climb into a little better practice and a little more notoriety. The element of newness does not enter into the book. Given a good kodak, a hatful of Instrument-Makers' gratis woodcuts and engravings, a half-dozen text-books, a trip to Europe, a good stenographer, a paste-pot and shears, and a back-of-the-spelling book page of Latin quotations, and there you have your average medical text-book. Unfortunately, this is true also of the homeopathic branch of medicine. Ask any book-reviewer how many of the books of the last ten years are worth the paper they are printed on, and if he dare tell you the truth it would be a revelation to the book-makers. Dr. Waite, therefore, is to be commended for his sturdy honesty and thorough-going practicality in the preparation of this book. It is a jewel, and will be welcomed by all students of well-written books on medical topics.

**DISEASES AND THEIR CURE. Fifty Years' Experience.** By O. H. CRANDALL, M. D., Quincy, Ill.

This book of three hundred pages does not pretend to be a wise compilation of all the alleged good things in medicine, but does profess to be a consistent culling from an experience

of fifty years of those things which have given the author the most success and correspondingly most satisfaction. The book is divided into two parts, the one part given to general medicine, or rather the application of those medical materials which have served the author best in a general way: while the latter part is given over to the biochemic division, and for which Dr. Randall expresses his thanks and appreciation to Dr. J. B. Chapman of Seattle. Wherever Dr. Randall is able to give good practical advice on the disease under discussion he does so; and where he is lacking in such good counsel he candidly admits the lack and refers to other authors for help. The book is prepared in alphabetical order of the names of diseases, and is without question a valuable acquisition to the private library of every practical physician who is anxious to do his patient the best and quickest service without dividing hairs on school or pathy. The book contains a handsome picture of the author; and as a whole there is no fault to find with Dr. Randall's venture in the realm of book-making.

**LEADERS IN HOMEOPATHIC THERAPEUTICS.** By E. B. NASH, M. D. Philadelphia, Boericke & Tafel, 1899.

A short title and a meager title-page. No long list of initials, nor longer array of the many societies to which the author belongs. Just a statement of the topic, and the man's name. There must be something inside the tent when there is so little on the fences. And there is. Dr. Nash has struck a new lead in the homeopathic mine. And he is panning out good yellow metal. Here is another instance of a worthy book, which is not a rehash of old ideas dressed in more modern garb. Dr. Nash takes the different well-proven remedies of our *materia medica* and discusses them with his reader, just as our preceptor used to TELL us what the remedy under discussion was good for, and where it failed, or had in his hands failed, of meeting the expected and many-times promised result. He does not go into the remedy with a searchlight to bring forth the minutest of symptoms: he does not touch a remedy to hold up all its virtues; he does not go into the *materia medica* to hyper-credit or discredit it: but he

takes out of each some prominent characteristic and—just as the minister selects a text—from that as a base of supplies he discusses the remedy. Incidentally he weaves in many valuable clinical lessons. The book is, therefore, a novel and praiseworthy attempt to TALK the materia medica to his readers, and get them away from that old bugaboo, that materia medica is nothing but symptoms, and yet more symptoms. Truly this is a Leader. Don't buy the book in the expectation that when he talks of bryonia, he will give you all there is to bryonia; but you may expect to be furnished with a key that will, perhaps, unlock the remedy to you, or at any rate put it before you in such different light that you will enter upon its study with greater avidity and hope of successful mastery. Need we add that we recommend the book because it comes the nearest to our own idea of the teaching of materia medica that we have so far seen. In closing, we want to say that during our college days we had the pleasure of listening to a course of lectures by Dr. Nash on fevers, which have always stuck by us since. As we were but one of a large class who listened to Dr. Nash, he has probably forgotten us after this lapse of time; but we have not forgotten him.

### Globules.

The Rudolf at Atlantic City this year.

And the Pennsylvania Line from all points to get there.

Have you ever noticed how much our own beloved returned-from-abroad McElwee looks like Roosevelt?

A Chicago paper contains the notice of an Ogden Avenue physician whose illuminated window reads; "... Physician, Sacraments and Last Rites a Specialty."

Says *The Medical Examiner*: From time immemorial, cripples have been manufactured for charity purposes. To which we add that it is equally true that from time immemorial charity purposes have made many cripples.

The Cleveland Homeopathic Medical College proposes to donate the price of its usual graduation banquet to the Hahnemann Monument Fund. A good move. Who's next?

Dr. Wm. Jefferson Guernsey's Perfection Liquid Food is taking with the profession and its patients. It is a very agreeable substitute for some of the nasty messes which have been doing duty as Foods for some years among the laity.

Dr. A. C. Cowperthwaite of Chicago announces that on the 18th day of February he removed his residence to 1034 Jackson Boulevard, S. W. corner Stanley Terrace. Here is another homeopath who practices homeopathy. And he is deservedly successful.

In the treatment of neurasthenia I have a decided preference for the compounds of arsenic and gold. The preparation which suits me best, and which I have been prescribing extensively for the last few years, is the liquid of bromide of gold and arsenic: arsenauro. It is not only very valuable as a systemic and nerve-tonic, but at the same time seems to have a peculiar and beneficial sedative effect, due doubtless to the bromide present in its composition. Hence it not only allays the tremors and restlessness in these cases, but it is also of great benefit in sexual neurasthenia in calming the morbid irritability of the genito-spinal centers. We must use it persistently throughout the entire course of treatment, and bear in mind always that the neurasthenic can stand very much larger doses than they would care to admit—20 to 30 drops, largely diluted with water, after each meal.

It is impossible to carry out the Weir-Mitchell rest treatment, as a rule, so I merely urge the patient to take as much rest as possible.—*Arthur E. Mink, M. D., St. Louis, Mo.*

Dr. Frederick D. Keppel of Owenton, Ky., says that he finds it to his financial as well as professional interest to send out his bills on the first of the month. We are glad to know that in some places this is good practice.

"A New View of Typhoid Fever and its Abortive Treatment," by William More Decker, M. D., of Buffalo, printed in the *Journal of Official Surgery* for December, 1898, is a valuable contribution to medical literature. Better get a copy and study it carefully.

Dr. and Mrs. Howard S. Paine, 145 Ridge Street, Glens Falls, N. Y., announce



their Seventeenth Annual Summer Excursion to Europe to start June 28, and return first week in September. Price complete, per person, \$598.

Dr. W. D. Dewey of Ann Arbor had an interesting article on "Homeopathy in Universities" in *The Michigan Alumnus*. It is in reprint upon our table. It is a valuable paper to have in your desk for reference when the old-school patient finds it necessary to tell you that homeopathy is dying out.

Don't forget the Stallman Dresser Trunk when you are getting ready for your summer's outing. It is the handiest and best trunk made. It has drawers like your bureau. It will take your silk hat just as comfortably as your claw-hammer coat. Price is reasonable and varies according to size.

It is a good deal of a mystery to an American homeopath to understand why a graduate in due and honorable form of Hahnemann Medical College of Philadelphia has no standing among English homeopaths—although for ten years' practicing among them. We refer to Dr. Alfred Heath of London, whose name is not included in the *Homeopathic Directory*, 1899.

*Harpers' Bazar* is the ladies' paper par excellence. It is a clean paper, not dealing in "FREE" and gift-enterprise advertisements. Its dominating thought, of course, is to give those things which are dearest to the feminine nature, and it succeeds most admirably. But this is not all. It also presents stories that are well-written and worth the time of either sex in the reading. John Kendrick Bangs is contributing a funny page.

The last *Chironian*, continuing its popular plan of publishing the pictures and little sketchy biographies of the professors, gives a handsome picture of a handsome man, who is also a popular teacher, editor, and official. He was born in Ghent, N. Y. There is also a portrait of Dr. Deschere, and one of Dr. Dearborn. The present editorial management of *The Chironian* is doing good work. We wish them abundant success.

The National Eclectic Medical Association, we are informed, is considering a trip to Paris in 1900. If you are contemplating such a move

put yourself in communication with us and get our plans and price for a two-months' jaunt, to include Paris, London, Liverpool, Edinburgh, and Glasgow. First cabin passage both ways, everything provided in the way of eating and travel from time of leaving until return to port of sailing. Club is limited.

From a private source we learn that our esteemed brother editor, Dr. Reuben Ludlam, has undergone a radical operation and for a time hovered on the other shore; but he has, however, been saved from being a mere line in the Memorial Service at Atlantic City this coming June, by the skillful and successful work of his surgeons, Dr. Shears and Chislett. We send our heartfelt congratulations to the good doctor and our thanks to his able surgeons. We cannot spare Dr. Ludlam for a good many years to come. He is a power for good. His work is not done here. May he live long and be happy!

Not talking about malandrinum, we can bear testimony to its effectiveness in a case of vaccination upon the leg of a fourteen-year-old girl. When we came to the case there was an ulcer of the size of a silver half dollar and of the depth of from an eighth to a quarter of an inch, ragged, black, and bleeding. Girl was lying in bed, suffering great pain, no appetite, and unable to sleep. Gave malandrinum, and in forty-eight hours the sore ceased to spread or dip, the edges began to harden, the granulations showed life, and in one week we dismissed ourselves. Bill cheerfully paid.

Dr. T. C. Duncan of Chicago says that belladonna is the grip remedy par excellence this "clip." This accords with our own observation. And in our "parish"-practice we have had three or four cases, all whereof got well. What the result might have been if we had taken that un-strict homeopathic prescription of the (alleged) *Homeopathic News*: namely one or two old-stand-by homeopathic remedies in alternation, and once or oftener a day a powder of "fareol" we do not know. This we do know: that all our patients recovered from the grip and have not been troubled with any sequelæ.

Foulon, the snap-shot editor of the *Clinical Reporter*, says that fareol is Luyties' form of acetanilid. But, dear brother, what have you

done with "Jabez Peabody"? Has anyone scared him out? Just as he was getting to the most interesting point of his little story he disappears. There's lots more he could weave into the twelve months of a journal. If our style of composition were not so well known, we would be tempted to try on the anonymous racket, and adorn a tale or point a moral. Give "Jabez" our regards and tell him not to be bashful, but to come before the professional footlights again. The profession misses him.

It is very pleasant to read of the efficient services rendered by Surgeon General M. O. Terry of New York in his State appointment; and also to note the unanimity with which he is so well spoken of by the newspapers and journals generally. Through some legislative action the office is abolished and now is but a little tag on the end of some other department. Dr. Terry has the gratifying reflection that he has made many improvements in military medical work, and that, although he is no longer in the political eye, he is still a prominent and praiseworthy member of the profession, and one of whom every homeopath, and every other-school member, is justly proud.

And here is still another instance of an old and faithful member of the American Institute of Homeopathy (Hale) dying, and as yet no one so mean to do him honor—from Chicago. Strange, isn't it? Are we to infer that the one and unprecedented instance of appointing a mortuary committee of Institute members to devise memorial resolutions for newspaper notoriety was done as a special favor to anyone: and that all other dead members of the Institute must take the usual course? That is to say, be left to be embalmed in a series of remarks at the regular memorial meeting of the Institute, where these ceremonies are slighted and ridiculed by those who are more concerned in lobbying for the non-politicians and non-dead—those who on the morrow fight a hot and undignified battle for offices in that same Institute. For shame!

It gives us pleasure to be able to speak with authority that Hahnemann Medical College of Chicago is teaching homeopathy—and of the old-fashioned homeopathic kind. Professor

C. H. Evans teaches three of the four classes, including the seniors. Young Hahnemann of Chicago is as true to its name as is old Hahnemann at Philadelphia. God speed them in their good work! Both Hahnemann Colleges are no one's inferior in all the other things that go to make a first-class up-to-date medical man, bacteriology included. And there are other schools doing the same. But on the other hand, there are those who are NOT teaching anything but a hybrid, hermaphroditic thank-God-and-love-the-devil style of homeopathy(?) Let us have a grand revival in the Church Homeopathic!

"How Shall we Prescribe?" queries Dr. W. L. Morgan in the *Medical Advance* for January 15, 1899. Oh, but that's dead easy. After you have gone to the old school for Physical Diagnosis, then apply *homeopathic* treatment in the form of serum therapy, or homeopathic combination tablets. Really, Dr. Morgan, being a presumed homeopath, you ought to be ashamed of yourself to ask so silly a question. You must have graduated from one of those old-fashioned homeopathic schools where they tell you what homeopathy IS, as well as the use of the *materia medica*, and show you that Homeopathy is really not the exploded religious notion of an old dotard of something over sixty years ago. Ask us something harder.

St. Nicholas, among its other excellences, gave a full page in its February issue to the Pansy Club of Cleveland, with photograph of the members. This club is one of a series established over the country under the fostering care of the Order of the Thread and Needle, and its purpose is to teach young girls how to sew. The Pansy Club of Cleveland is in charge of Mrs. Frank Kraft. The children of this household, as of every household, are worshipers at the shrine of *St. Nicholas*. And almost any other periodical or book would be less missed than *St. Nicholas*. It is a wonderful creation for young folks. It is never stale. It never talks "down." Its pictures, like its bright and elevating stories, are masterpieces. The puzzle-page will interest children of a larger growth.

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# The American Homeopathist.

NEW YORK, MARCH 15, 1899.

FRANK KRAFT, M.D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



J. RITCHIE HORNER, M. D.,  
Cleveland, O.

*Chairman Bureau of Neurology and Electro-Therapeutics  
American Institute of Homeopathy.*

THE American Homeopathist has been able to add another \$25 to its Hahnemann Tomb Fund. This amount was recently sent in by Dr. Biggar, making \$125 to the Hahnemann Monument and Hahnemann Tomb Fund. Talking may cause Believing, but sending in the Actual Money is the Naked Truth.

THE Chicago Homeopathic Medical College is, as usual, first upon our table with its Ninth Post-Graduate Announcement, which

begins Monday, March 27, and continues two weeks. It is filled with excellent chairs and enthusiastic teachers.



REMINDS us that the Ann Arbor School has had a most successful practitioners' course. We have but just received the official report, but too late to make extended use of the same. But from all accounts, taken from private letters, the course was a big success, and once more emphasizes what a truly homeopathic and harmonious faculty can do for a former almost dismantled and disrupted homeopathic school.



THE Chairman of the Local Committee at Atlantic City notifies that everything is being done to insure the comfort and convenience of their coming guests. The meetings will be held on the pier, away from the noise and confusion, over the water and delightfully cool. Each section will have two hours before the whole Institute. On Thursday evening there will be a proving of tobacco, and on Saturday evening a banquet. The ladies will be tea-d, sea-d, trollyed, sailed, and theatered. No hotel headquarters this year, thank you! The Local Committee is showing the same earnestness in its preparations as it exhibited at Buffalo when it fought for the Institute's favor.



THE Cincinnati Homeopathic Lyceum makes a strong appeal to the homeopathic profession to come out to its meeting in the Bethesda Hospital. It is anxious for a "good old-fashioned Methodist revival in affairs homeopathic." Well said, brethren. That's what we need, and need badly. Hope you will have a hot outpouring of enthusiasm, and thus bring about a feeling that homeopathy is something besides allopathic remedies with the addition of a teaspoonful or a dipper full of cold water, according to the potency used by the user.

## **Materia Medica Miscellany.**

Conducted by J. WILFORD ALLEN, M.D., 110 West 12th Street, New York.

References in this department are made by number. See issue of January 1 or December 15 of each year.

### ***Tobacco: Action on Sight.***

According to *Médecine Moderne* not one out of 150 employees of an American tobacco factory exhibited, on examination, normal vision. All of the employees either smoke or chewed. In forty-five cases the acuteness of vision was perceptibly lessened; in thirty, dyschromalepsy was very pronounced—to some, red appearing as brown or green; to others, green seeming to be blue or orange. The majority were incapable of distinguishing a white point in the center of a black carton.

### ***Rhus aromatics in Incontinence of Urine in Children.***

Freyberger<sup>7</sup> makes use of a fluid extract of the fragrant sumach of America. This was first used in the treatment of incontinence of urine caused by an atonic state of the bladder. Burvenich believed that it was a powerful tonic for the bladder, acting similarly to *nux vomica*. According to Numa, it stimulates the unstriated muscle of the bladder as well as that of the uterus and rectum. Patients who had previously received belladonna, strichnine, or tonics without success were put upon this treatment. Others underwent a preparatory treatment, which consisted of regulation of the diet, sleeping upon a hard mattress, the use of light coverings, and cold sponging along the spine. The children were taken up once or twice during the night and made to pass water. The formula is: Fluid extract of *rhus aromatica*, 1; aromatic syrup, 2; distilled water, 6—which conceals the astringent taste and disagreeable odor. The dose varies from 5 to 10 minims (2 to 5 years), 10 to 15 minims (5 to 10 years), with a maximum of 20 minims for older children.

Of 30 instances recorded, 12 boys and 18 girls, cure followed in 18, 11 boys and 7 girls; improvement in 10, 1 boy and 9 girls; and no improvement in 2 girls. "Cure" is intended to mean that at least 9 months have elapsed since enuresis has occurred for the last time. The average

duration of treatment was 34 days in boys and 45 in girls; 33 days, on an average, were sufficient to produce a permanent cure, 53 to effect a permanent improvement.

It would be rash to claim this remedy as a specific, but it certainly appears to be as efficacious as belladonna, may be given for a long time without the slightest ill effect, and good results may be obtained when the latter proves ineffective.

### ***Strophanthus in Cardiac Disease.***

The advantages which *strophanthus*<sup>7</sup> possesses over *digitalis* may be summed up as (1) greater rapidity, modifying pulse-rate within an hour; (2) absence of vaso-constrictor effects; (3) greater diuretic power; (4) no disturbance of digestion; (5) absence of cumulation; (6) greater value in children; and (7) greater safety in the aged.

When we consider that, although *digitalis* has been in use since 1875 in the treatment of cardiac disease, it is only within the past ten years that it may be truly said that its administration was productive of uniformly excellent results. That this is so is undoubtedly due to the fact that the greatest danger from its use—namely, the marked vaso-constriction—has been to a considerable degree obviated by the coincident administration of a nitrite. *Strophanthus* was first brought to the notice of the French Academy of Medicine in 1865, but its first practical demonstration as a valuable heart remedy came twenty years later, when Frazer published the results of his long-continued and patient researches. With the wider and more rapid dissemination of knowledge which obtains at the present day we may have *strophanthus* used as carefully as is *digitalis* to-day. That it possesses distinct advantages over the latter drug is undoubted, and it is equally certain that it is free from the greatest danger which the use of *digitalis* entails, namely, vaso-constriction.

We may say that success in the administration of *strophanthus* requires: 1. An active, well-made preparation from a reliable source. 2. Avoidance of its use in fully or over-compensated hearts, in those which present advanced muscular degeneration or mechanical defects of high degree. 3. The use of not too large or too

frequently repeated doses. The dose of five drops of a reliable tincture three or four times a day is sufficient.

### *Pipsissewa in Dysuria.*

The *Eclectic Medical Journal* sums up this drug as follows: The specific action of pipsissewa is upon the kidneys and the mucous membrane of the urinary tract. It is indicated only in *below par* cases, in which there is relaxation of tissues and the demand for an astringent and tonic, and at the same time an increase of the watery element of the urine, for, as a rule, in the cases in which this drug acts best the urine is scant, of high color, turbid or ropy, with a copious mucous or muco-purulent sediment. It may be bloody. The odor is offensive. There is more or less pain, of a burning or scalding nature, when it passes. A small amount of urine in the bladder causes a most urgent desire to evacuate it, but the effort is preceded by a slowness or inability to start the flow, or by straining or tenesmus. The term *dysuria*, likely, conveys the whole group of indications for the administration of pipsissewa.

### *Lachesis in Endocarditis.*

Dr. Colwell<sup>9</sup> reports an interesting example of the benefit of lachesis in a case of post-scarlatinal endocarditis. He says:

"In February of 1892, L. F., aged five years, was afflicted with scarlet fever. The disease ran a moderate, typical course, without complications. About two months later he was found very ill with an acute endocarditis and rheumatism of several joints. He grew rapidly worse, in spite of all that was done for him, until it seemed that he would surely die. Though feverish, his skin had a peculiar yellowish pallor; the cachectic color that we see occasionally following scarlet fever or diphtheria and a few other diseases that deeply affect the blood.

"Almost from the first of his rheumatic attack, all of his symptoms had been worse upon awakening. He would waken with a whine or a cry, as though in pain. Nothing for a time would quiet him. It did not seem to be pain from lying in one position too long, which could be relieved by moving (the rhus symptom), for moving him did not help matters. For a week he continued to grow worse and to show more

prominently the lachesis indication of 'all symptoms worse after sleep.' In addition there was the history of the blood poisoning, scarlet fever a few weeks before, and the peculiar cachexia, also pointing to lachesis."

He adds: "Though the 'writing on the wall' had been plainly 'lachesis,' as I had not used the remedy, and as our potency was a high one, I could not at first get my courage to the point to risk it, so I used various remedies that had been oftener indicated, and therefore oftener used, in my rheumatic cases, such as arsenicum, bryonia, colchicum, rhus tox., etc.

"When a week had passed and my hopes were at low ebb, I reached the point of using lachesis. I felt its results could be no less satisfactory than from the remedies he had had. I sent thirty grains of the 8x trituration of lachesis, to be dissolved in a glass half full of water, a teaspoonful to be given every half-hour.

"The next morning his nurse said 'that was a wonderful medicine, for he began to improve after having taken it for two hours.' The twelve hours since I had seen him had made quite a perceptible improvement of many of his symptoms. After that he steadily gained so that three weeks afterward I discharged him. He was left with a slight mitral murmur, which he will always have. There is no insufficiency.

"Here was a case cured by an infinitesimal quantity of the indicated remedy. There was no suggestion about its action, for I gave it without hope and without comment. It was given in a disease that does not terminate by crisis. It was lachesis that relieved those symptoms for which it was given."

### *Mellilotus in Epistaxis.*

Dr. W. Bowen.<sup>9</sup>—Some years ago I was called to go fifteen miles in the country to see a girl that had bled from the nose for three days. The doctors had tamponed her nose, but the blood went back into her throat and she got so nervous they were obliged to remove the obstruction and decided she would probably bleed to death. I found her cold, pale, and nearly pulseless. I gave her mellilotus, and told her I would not leave her until it was stopped. The bleeding diminished gradually, and in thirty minutes had entirely stopped, and then I gave

her the second dose. One hour after that gave her the third dose, and left one more dose to take the next day, if needed. China was left to be taken three or four times a day.



### THE HOMEOPATHIC TREATMENT OF YELLOW FEVER.

By GEO. G. LYON, M. D., Mobile, Ala.

AS the Southern country has for the last few years had visitations of yellow fever, I think a few remarks on the homeopathic treatment of this disease will not be inappropriate. The disease has been mild, with but few exceptions, and the shot-gun quarantines have done the country more harm than the fever has. Shot-gun quarantines have created panic and fear; the last being troublesome symptoms to deal with in this disease; and at the same time stopping traffic and causing hard times and want. My idea would be to do away with so much quarantine, and allow those to migrate who are too timid to "face the music," and let the balance have the disease while it is mild and become immune.

I passed through the epidemic we had in this city in 1897, but I can't say I made any new discoveries; but in my treatment of the disease I follow in the footsteps of the late Drs. Holcomb and Murrell—therefore there is not much originality in this paper. However, I have verified the benefits to be derived from following such guides. Dr. W. J. Murrell passed through four epidemics in Mobile (in 1867, 1870, 1873, 1878), and in all of these years the fever was of a severe type, and he lost but two patients. I have no record of how many cases he treated; but he had a large practice, and I have met a great many who have told me he carried them through the disease. The late Dr. Geo. Lingen also passed through the epidemic of 1867, and did not lose a case. The epidemic we had here in 1897 was very mild, with the exception of a few cases. I saw about sixty, and lost two—one a man over sixty years of age who was in an advanced stage of Bright's disease, and the other a delicate woman who had just recovered from a severe attack of dysentery two days before she contracted the yellow fever. She had attempted to treat her-

self through the dysentery with laudanum for a week before I saw her. I gave her colocynth, and in two days she was convalescent, but very weak when the fever began. On the second day the black vomit began; and on account of having an ignorant nurse, and not having directions followed, I lost her.

### *Prophylaxis.*

Isolation is the surest preventive—acclimation by birth, or having had a severe attack of the disease—sleeping out of the infected district at night. Last year a great many business men slept at Spring Hill, seven miles from the city and of very much higher elevation, and came every day to the city to attend to their business, and not a single case appeared out there. Regular habits and temperance in drink and diet—a bath every day—carbo veg. I knew several families who remained in the city the whole time and took the crude carbo veg. tablets, and no fever developed among them. I also had them fill the grates with charcoal in every room in their houses, as it absorbs many times its own volume of gases. Any putrid animal or vegetable matter covered with charcoal will be rendered inodorous, and the surrounding atmosphere freed from smell. Dr. Murrell says: "It is a significant fact to be noted, that the charcoal venders, who carry on their business through the streets during an epidemic season, are not subjected to the poison of yellow fever; and in no instance have I ever known one to be infected, although they reside out of the city and enter it at the most unfavorable hours of three or four o'clock in the morning, and are in most instances intemperate. Dr. Murrell speaks very highly of pixilic acid as a disinfectant, claiming that he had known cases of intermittent and other fevers in adjacent rooms to yellow-fever cases who did not take on the yellow-fever garb when he had kept their rooms well disinfected with pixilic acid.

The sickroom of a yellow-fever patient should be clean, above all things—well aired and quiet; each patient should have a separate room if possible. The patient should be kept quiet and never moved or talked to. Should there be vomiting, have the patient merely turn the head to one side and vomit in a vessel or on a cloth.

which should be burned; and all excretions should be burned. Never allow him to get out of the bed for anything. Keep temperature of the room about 72°, and make a little fire when the weather is cool or damp. Have beef tea and champagne or brandy where they can be had immediately when wanted. When patient first complains of being sick, put him to bed and give hot orange-leaf tea, and if not at hand give black tea and milk and a hot mustard footbath. The hot drinks and footbath have a tendency to moderate the attack. Cover with a sheet and two blankets. In hot weather one blanket will do. Anticipate the patient's every want, and try and make the surroundings cheerful, as this will to some extent dispel his fear. No solid food must be taken. As drink, hot orange-leaf tea to keep up a *gentle* perspiration, which must be kept up throughout, but don't sweat him to death. If the orange-leaf tea is distasteful, can give cool water, apollinaris or seltzer water, but not ice-cold. I do not use purgatives, but warm enemas, if bowels are constipated. For nourishment nothing for first two days, unless patient requests it, and then a cup of good black tea or beef extract two or three times a day.

In the second stage and during convalescence can give beef tea and chicken broth (skim grease off), rice gruel, milk, weak eggnog, and later on beef to chew the juice out, spitting out the meat. The liquid beef peptonoids I found one of best and most palatable foods I used.

Sponging under the cover with warm water and brandy will be found agreeable and refreshing to the patient. Do not allow patient to get up too soon after convalescence, and be careful about going back to solid food. Rest, quiet, slight stimulation, and cautious nourishment are necessary to the last to prevent relapse, which is nearly always fatal.

### Remedies.

**Aconite rx.** In the first or congestive stage, for chill and fever, nausea and vomiting, with full bounding pulse, hot dry skin, restlessness and intense thirst and fear of death.

**Belladonna 2x or 3x.** Delirium, red face and eyes, photophobia headache, tongue red and dry or red edges with whitish coating. I alternate acon. and bell. one-half to one hour apart.

**Bryonia 2x.** When fever is of a gastric or bilious type, pains severe and general, worse on motion, intense heat, sweat, irritability, nose bleed; retching, burning in stomach, lips dry and cracked, tongue dry and coated yellow, and bowels confined.

**Gelsemium rx.** Chilliness, lauguid, aching in back and limbs, tired feeling, desires to avoid all muscular motion, throbbing carotids; fever with moisture; violent pains; fever without thirst, and of a remittent type.

**Ipecac.** Gastric symptoms, with nausea, vomiting, and aversion to food; retching after drinking water; black pitchlike substances are vomited, or bitter-sour, acrid-smelling water.

A cold wet-compress to the head and sponging with hot water and vinegar under the cover will be found grateful, and for nausea and vomiting apply cold wet-compresses to the stomach and throat and change often, but always put on a dry cloth over the wet ones. A hot footbath may be given occasionally if patient is restless and sleepless and skin remains hot and dry and the head symptoms predominate. For the thirst give hot or cold orange-leaf tea or crushed ice and a little cold water occasionally. Other remedies for restlessness are rhus tox. and arsenicum. The last is a sheet anchor, and may be indicated from first to last. Dr. Murrell says that "ars. 2x and veratrum alb. rx have conducted every case of black vomit safely to convalescence for me thus far." Arsenic seems to be the simillimum to most of the symptoms of yellow fever. Dr. W. F. Coleman (allopath of Memphis in 1878) says: "Twenty years ago if I had given Fowler's Solution of Ars. (3 drops in watermelon-seed tea every two hours) to *seventy-five patients without losing one*, as I have done here, I would have been enthusiastic in its praise." After this experience he condemns calomel and quinine, which he had formerly used unsuccessfully. Dr. Belot (allopath of Havana) says: "When the vomiting cannot be arrested, when the patient has continued nausea, when the vomit contains bile or mucosities filled with blackish or sanguinolent streaks, in a word when the characteristic signs of yellow fever are developed, there is no better remedy than arsenic. It is given as arsenious acid dissolved in water, and prepared in the following manner: Boil for

an hour a grain of arsenious acid in a porcelain cup containing half a pint of distilled water ; then replace the evaporated liquid with an equal volume of boiling water ; let cool, and give this solution by the teaspoonful every half-hour until the nausea and vomiting cease. . . Prescribed under fitting circumstances, arsenic often brings unhopd-for amelioration. There are some medicines whose action, though certain, is inexplicable ; such is arsenic, the influence of which must be accepted as a fact, without considering theories more or less satisfactory." Pretty good homeopathy.

For sleeplessness and nervousness, painful and obstinate pervigilium, consult *coffea*, *cannabis ind.*, and *hyoscyamus*.

In the first or congestive stage patient will want very little nourishment. If toward the end of this period the strength begins to fail, give beef extract and champagne or brandy. As soon as fever moderates the pulse will begin to grow feeble, then the nourishment and stimulants will be indicated. I found the liquid beef peptonoids well indicated here. This is the beginning of the second period or remission. The more sudden the remission the more serious the danger, and if the case is watched carefully during the first period the second will be more easily handled. It behooves us, therefore, to keep patient toned up during the latter part of the first stage—that is, to equipoise the circulation. At this stage keep up the beef extract and champagne. Remedies best suited to this stage are *arsenicum*, *lachesis*, *verat. alb.*, *ipsecac.*, *camphor*, *china*, and *carbo veg.*

In the third stage we may have, in place of vomiting of bile or its mixtures with the secretions of the stomach, coffee-ground or charcoal vomit, or worse, the darker black decomposed blood. To meet the exhaustion accompanying these symptoms use champagne and beef extract given alternately. Give one or two teaspoonfuls of champagne or brandy diluted, after every vomiting spell. Don't forget to apply the cold compresses to throat and stomach. A cloth wet in hot mustard water may be put on the stomach instead of the cold cloth. *Arsenicum* and *verat. alb.* are the indicated remedies here. *Crotalus hor.* is a good remedy where there are general hemorrhages, dry red tongue, bad

breath and burning in stomach, jaundice and fetid diarrhea. Dr. Belot (allopath) says : "The febrile orgasm is nothing more than the energetic reaction of nature to eliminate the poison, the effect of which may be compared to those of the venom of the *crotalus horridus*. The venom in *attenuated doses* is one of the most potent antidotes to marked symptoms of the disease." Sulphuric acid 2x is also a good remedy in hemorrhages of black blood. Metrorrhagia, profuse sweat with exhaustion, fetid stools, and diminished secretion of urine. *Lachesis* must be consulted here.

If the disease is of the algid type, the remedies are *ars.*, *carbo veg.*, *camphor*, and *veratrum alb.* If it should run into a typhoid condition, then *ars.*, *rhus tox.*, and *hyoscyamus* will be indicated.

If the disease should assume an intermittent type, give *china sulph.* 1x, a powder every two hours.

Some additional remedies are as follows : For hemorrhages, *ergotine* 2x, *gallic acid* 1x, *terebinth.*, *plumbum acetat* 2x, *hamamelis* 1x, *millefolium* 1x, and *trillium* 1x.

For renal complications, albuminuria, and suppression we have : *Cantharis* 3x, *apis*, *gallic acid*, and *terebinth.*

Brain complications : *Belladonna* 2x, *coffee* 3, *cannabis indica* 0, *gelsemium*, *hyoscyamus*, *opium* 6x, *stramonium* 2x.

Debility : *Carbo veg.*, *camphor*, *china*, and stimulants.

For nervousness : *Bell.*, *hyoscy.*, *coffea*, *sticta*, and hot mustard footbath.

In convalescence the diet must be moderate and very simple. Keep up a gentle stimulation. Any exposure or undue fatigue will bring on relapse and death. Claret wine is good for the convalescent.



### VACCINATION.

ALL members of the medical profession and others who may have knowledge of injuries or sickness following upon vaccination, are requested to communicate at once with C. Oscar Beasley, Esq., Attorney, No. 311 Fidelity Building (Broad above Arch), Philadelphia, Pa.

Mr. Beasley is the attorney for the relator in the case of Field vs. McGlumphy, in which, for



the first time in the history of vaccination, its real character has been put in issue in a court of justice, and the truth regarding it may now be judicially determined.

The case is one in which the constitutionality of the law of Pennsylvania, which requires children to be vaccinated as a condition of admission to the public schools, is contested on the express ground that vaccination is both useless and dangerous.

Approved by the Brooklyn (N. Y.) Anti-Compulsory Vaccination League, M. R. Levenson, President; and by the Anti-Vaccination Society of America.



### THE REMEDY AGAINST THE KNIFE.

By JESSIE B. ATKINS, M. D., Clarksville, Tenn.

EARLY in January of this year a patient called at my office, simply to ask me to tell her the probable results of an operation to which she was about to submit. She felt she could talk more freely to a woman, and had been sent to me by a lady who was not, and never had been, a patient of mine. She talked long and freely, and after thanking me for the information given, left the office. To my surprise, in two days she returned, saying her husband was so violently opposed to the operation she wanted to ask me if I thought it possible to save her without it.

For six months she had been regularly submitted to local treatment, twice a week, by one of the foremost old-school physicians in the South. After a consultation, he decided the end had been reached, and life depended upon a speedy operation—double ovariectomy. The left ovary was degenerated beyond all hope and must be removed. The right ovary was not yet involved, but must accompany its fellow organ, lest, in time, it also should become infected.

This was Sunday, and the hour for the operation was set for ten o'clock the following Wednesday morning, at the sanitarium. In almost an agony of suspense, she asked me what she should do.

After the diagnosis from such eminent authorities I told her I could give her no opinion until I had taken a full view of the case in all its bearings. This I did, and after careful con-

sideration I told her, at that stage, I could not tell her she would ever be a strong, robust woman, but in my honest judgment, I saw no reason why she could not be made comfortable and comparatively well.

She drove from my office to the office of her physician, and told him of her decision to try homeopathy before resorting to the knife.

The next day, I went carefully over the case and found the condition as follows:

January 6, 1898. Mrs. C. P., æt thirty-four years. Tall, slender, trim figure, sad, dejected countenance. Married seven years; never pregnant. Menstruated at seventeen, after resorting to emmenagogues. Flow lasted two and three weeks; dark, clotted; always attended by sick headache either before or after the period. From the age of six, till she menstruated, at seventeen, she had chills, year after year. Could only remember the chill came in the forenoon, accompanied by an unbearable headache and a liberal supply of hydroa. Took quinine and quinine, then more quinine.

Six years ago had slight retroversion, for which she received local treatment, only making bad matters worse. From what she told me of the treatment and its severity, I am not surprised at any result which might have followed.

At present, menstruates regularly. Flow lasts five days, the last period covered two weeks. Always suffers with agonizing pains in pelvic region, keen, sharp, moving from place to place. Sensation of a ball rising and falling in abdomen, > by heat. Left ovary about the size of large hen egg; very sensitive to pressure. Constant pain in ovary and along the fallopian tube, with occasional throbbing and heat. Heaviness and weight—making whole left leg feel heavy. Inter-menstrual discharge, color and consistency of pus; acrid, putrid, always < just after menstrual nixus. Feet always cold. Constant headache and until recently had intense heat on vertex. Mentally "flashy," irritable, despondent, gloomy. Goes off alone at times and "cries it out." Appetite good, craves salt and eats good deal of it. Sleeps poorly, falls asleep late; often starts from sleep; wakes crying. Dreams of falling, of robbers, vivid, exciting. Has little pearly hydroa about lips with every ailment.

I prescribed *natrum muriaticum* 1m, three

powders to be taken that evening at intervals of two hours.

I told her very plainly I expected the medicine to have a very marked effect upon her, and if in the course of a week or two she should feel very much worse, not to feel discouraged. I also warned her that very probably there would be a return of the childhood chills.

I have seen these uprootings and overturnings so often after the exhibition of a high potency of the indicated remedy, that I dared not fail to at least prepare her for the breakers I was sure she'd have to encounter farther on.

January 16. Feels better than for three or four months. Sleeps refreshingly. Every tone and expression was hopeful. Again I warned her not to feel too confident and gave placebo.

January 24. I was called in haste and found the storm had broken. Intense pain in ovary and tube, going through to back—sharp, cutting. Severe chill at 9.30 that morning. Chill began in fingers and toes—great thirst before and during chill; intense headache, nausea, and vomiting of bitter fluid at close of chill, followed by burning fever, with increased thirst and headache.

I knew that to repeat my remedy, or change it, would be to spoil my case, so, most assiduously, I gave sac. lac. early and late, and waited.

January 25. No chill. Pain in ovary continued. Heat, throbbing, sticking pain along fallopian tube, with discharge of acrid, foul-smelling pus per vaginam. Clear water-like discharge from rectum. Placebo.

January 26. Somewhat more comfortable. No material change.

January 28. Pain in ovary <. No more chills. Placebo.

January 29. A more restful night. Placebo.

January 30. Constant desire for stool—no result. Feeling as if something must come out of rectum. Cross, irritable. Watery discharge from rectum continues. Increased salivation—white, like cotton. The continued desire for stool led me to nux v. 1m, which I gave with placebo ad libitum.

January 31, A. M. Had a good night and feels >. Placebo.

January 31, P. M. Another violent paroxysm of pain and return of the ineffectual urging. Gave her again a single dose of nux v. 1m.

February 1. When I went in, the nurse, in some alarm, showed me the stool passed that morning—perhaps half pint of pus, with small amount of fecal matter separate and distinct from it. However, my patient was comfortable and had been all night.

By this time she looked almost cadaverous, her body was so emaciated and features so sunken. Again I gave her an abundant supply of "the second-best remedy in the materia medica."

From this time she made an uninterrupted recovery.

March 14. Better than for three years. Still has slight pain in the ovary. Just passed another menstrual period, with no pain whatever.

March 28. Some constipation and other indications pointing to nux. and I gave the single dose in the 1m potency.

Since the above date, March 28, 1898, she has not had a dose of medicine. She attends to all her household duties and often walks two or three miles. She came into my office to-day to finish paying her bill. Her face was as bright and step as elastic as a girl of sixteen. She never fails to tell me how well she is. Perhaps someone will say the fire has only been subdued and still lies smoldering, waiting for an opportunity to burst forth again. Well, my patient is enjoying some mighty good health and getting a good deal out of life while she is waiting for the explosion. I submit this case with no desire to reflect upon honest, legitimate surgery, but simply as "a case in evidence"; begging to express the humble opinion that many a woman would be saved from the knife, and many an ovary would be spared for functional duty, if we would be more carefully and confidently accurate in selecting the indicated remedy, and more persistent in proving the efficacy and power of the single remedy and minimum dose.



### JABEZ PEABODY'S PROVERBS.

Hoss-sense is better'n book-larnin' an' a watchful brain than a good memory.

Better is one page of Hahnemann than a thousand of some who call 'im Master.

Beware of him who knows everythin' an' turn thy face from him who never blunders.

When ye think yer matery mediky's gone back on ye, hitch up yer jeans, spit on yer han's an' go ter work agin, for, lo, in due season, ye'll grub up the gold.

'Taint allers the feller that's got the longest list o' letters arter 'is name that's got the longest head, nor the chap that belongs to the most medical societies that's got the best medical knowledge.

To know the right endin' uv a Latin word may be less necessary than to know how to cook a grub.

A wise head carries no waggin' tongue.

Laws is made fer rogues an' codes uv ethics fer them as violates 'em.

The wise physician keepeth his bizness to hisself an' the careful doctor holds sacred the secrets uv his pashunts.

All doctors aint fools an' all fools aint doctors, but sum of each is both an' sum uv both is each.

Science varies only as it grows, an' the science that has fashions is a fraud.

Doctors has found out that other fellers is mortal.

If Hahnemann hed hed the opportunity uv goin' to school down ter Podunk, he mite hev' div'd ter be a gynecologist.

The feller that's allus a braggin' about the ole times bein' better 'n these is short on mem'ry or on digestion—er maybe he's jest that kind uv a liar.

Experience aint all in lapse uv years; sum men will git more experience outer one case 'n others will out uv the practice uv a lifetime.

Authorities air good as crutches, to help ye walk till ye kin stan' on yer own pegs.

The feller as makes up a lie on another is a dirty liar, but the one as repeats the lie, addin' "but I don't believe it," is a low-lived sneak as well as a liar.

Jim Jackson's wife, Mary, says that "men's hearts is their gizzards." Jedgin by the effeck uv vittles on most folks, Jim Jackson's wife aint perhaps so fur wrong as sum imagines.

Lots o' people conceive idees too big fur the normal size uv the birth-canal uv their brains. That's why so many skeems die a-bornin'.—*Clinical Reporter.*

## Phil. No. 50.

### *Germ Theory, Cause or Effect: Which?*

The last meeting of the Academy of Medicine, Paris, seems to have sadly demoralized the microbist. Among other things Professor Peter remarked: "Apropos of the cholera, I desire to call attention to the evolution that bacteriology is undergoing, and the role that morbid spontaneity tends more and more to play in this evolution. Dr. Brouardel has asked me how I can believe that choleric accidents are identical when the germs are different. I reply that I admit nothing. I only state the facts observed. I have seen different germs produce identical accidents. I can go further, and say identical germs can produce different diseases. Besides, what I have said I have seen, other observers have seen. I have seen the bacterium coli, the virgule bacillus of Finkler, produce cholera. I have likewise seen the bacillus coli produce cholera, dysentery, and typhoid fever. From these facts I conclude that the bacillus is not unhealthy by itself, but that it may become so, and acquire new properties in the midst where it vegetates. I have come to the conclusion that we ourselves, owing to some internal modifications, develop cholera and dysentery, and it is this change that modifies an innocent bacillus, and endows it with toxic properties, that it may transmit to others. The inoffensive bacillus is cholericized by the cholera, dysentery by dysentery, etc."

Here are a few examples quoted by Peter: Gilbert and Girode found in an epidemic of cholera nostra that the bacilli coli taken from the stools of patients dying from cholera experimentally provoked a cholera type. The same bacilli were observed in 1891 in Peter's service in dysentery cases. In all these cases the bacilli coli became choleraic after being in the organism of a patient suffering from cholera. Peter then cited, in the same order of ideas, the works of Roux and Roudet, of Lyons.

So, after all, it appears that microscopy reveals rather the changes wrought by disease that poisons the bacilli, and makes them in turn poisonous when inoculated, than being the primal cause of maladies. The supposition would be that the more attenuated the amount of virus in the infected bacillus, the less violent type of disease it would transmit. Ten years from now all will be forced to admit that poisoned bacilli are the effect, and not the primary cause of disease.—*Translated from "Figaro" by T. C. Minor, M. D., Exchange.*

[And so it goes! Day unto day uttereth

speech, but next day it is expunged. Strange how this bacteriological idea is being rapped over the knuckles, evèr and anon, but principally anon. By the time we will have succeeded in saving enough from our parish practice to buy a good microscope, the craze will have died down, and some other scapegoat will hold the medical boards as the cause of sickness and death. Well, it is variety which makes the spice of life.]

### ***Injections of Strychnia Curative of Tetanus.***

A discovery recently made in Uganda by Dr. MacPherson, says "Modern Medical Science," that strychnia is a specific against the effects of the poisoned arrows used in that country, is both interesting and valuable. Hitherto it has been supposed that the tetanus induced by the poison generally employed by the savages was beyond prevention by any drug known to science. The discovery that injections of strychnine can be used as a prophylactic with almost perfect certainty, may, it is said, supply medical men at home with a hint for dealing with tetanus which is induced by other causes. Regulars, look out. This is homeopathy.—*Copied by "Minneapolis Hom. Mag."*

[This may be homeopathy, but of a very crude sort. Still it is a good deal better form of it than the alternating and combination tablet "homeopathy." In this connection, it may not be amiss to refer to the fact that lard has been found in several instances to be an effective antidote to strychnia, and as well of arsenic poison. This latter item is of considerable value].

### ***Brown-Bread Eating an Expiring Fad.***

Since the gospel of vegetarianism was first proclaimed in America by the Rev. Sylvester Graham, some sixty years ago, the unquestionable superiority of whole wheat meal over fine flour as a bread-material has been taken for granted by every succeeding school of dietetic reformers and strongly advocated even by leading medical authorities. In the latest reports of St. Bartholomew's Hospital, however, we notice a very interesting communication by Drs. Lauder-Brunton and Tunnicliffe, in which the opposite position is maintained on grounds which seem to them incontrovertible. While the authors admit that regarded from a purely chemical point of view the nutritive value of brown bread is greater than that of white, they

contend this is not so when considered from the physiological side. The authors point out that it is absurd to take the mere chemical composition as an index to the value of a food stuff, as "a stick of charcoal, the atmospheric air, a little water, some sea salt, contain all the elements of a typical diet." Hence the greatest importance attaches not only to the composition, but to the way in which the various constituents are combined so that they can be readily and easily assimilated. The conclusions that the authors come to are mainly that, although brown bread, on account of its large percentage both of mineral matter and fat-forming constituents, is chemically superior to white bread, yet these constituents do not so readily pass into the blood as in the case of white bread, and that weight for weight white bread is more nutritious than brown. In special cases, where there is a deficiency of mineral matter, and especially in cases of growing children, when large quantities of these are required for production of bone tissue, brown bread is more useful, but even in these cases, if white bread is used, these mineral salts, and especially salts of calcium, must be supplied by other means. We shall stick to our entire wheat bread.—*Med. Times.*

[And so it goes. Oh, ever thus from childhood's hour, We've seen our fondest dreams decay ; We never loved a little flour, But sure it was to fade away ! Next fad forward !]

### ***The Hour when Death is Nearest.***

Physicians and hospital attendants have noticed the greater frequency of deaths during the early morning hours, especially between the hours of three o'clock and sunrise. No satisfactory explanation has been given of this fact. A physician to whom Stevenson, in one of his books, puts the question why in early morning a strange influence is apt to disturb the sleep of men and animals, replies: "At or about three o'clock every morning all human beings and animals are nearer to death than at any other hour. At that time cattle stir and moan in their sleep, while men turn uneasily in their beds and awaken partially or wholly as though disturbed. If you are sitting up you will feel unusually cold and drowsy at that time. Three in the morning is an hour that we doctors are accustomed to dread, for by far the majority of deaths occur about that time.

"There are many explanations ; one theory, and the most probable, is that it is due to the ebb and flow of the earth's magnetic currents. It has been observed that about three in the afternoon a man's physical forces reach their highest, and it is a simple inference that at the

corresponding hour of the morning the lowest point of the vital tide is reached."—*N. Y. Med. Times*.

### ***The Homeopathic Idea Shall Prevail.***

The one thing that has distinguished and does distinguish our institution from those of the older school is that very homeopathic idea for which we are pleading. That idea gave us birth, and has for a hundred years preserved our identity in the face of relentless and unscrupulous opposition. It is possible that the value of the law of similars may have been overestimated, in the sense that drug administration according to any method may have been accorded an exaggerated importance. But this fact, if it be a fact, does not in any way alter the present situation. To-day, as yesterday, what distinguishes the homeopathic physician is his skill in the treatment of disease according to homeopathic methods. Now, as one hundred years ago, the true test of a homeopathic doctor is his ability to make accurate homeopathic prescriptions at the bedside. And our medical students will find that this is painfully true when they get out into practice for themselves. They will find surgical and gynecological opportunities decidedly limited. For the city that can support one good specialist of either sort has room for a dozen or more general practitioners. And when our future graduates learn this, they will be extremely thankful if they have been favored by their alma mater with a thorough instruction in all-around homeopathic prescribing. Neither surgery nor gynecology is a *sine qua non*. The homeopathic idea is still a timely idea and a useful idea and the most practical of all ideas, and we are doing ourselves and our students an injustice by leading them to believe otherwise.—*Dale in "Medical Visitor."*

[Thank you, brother, it is well stated. May it bear abundant fruit. There is no question in the mind of any physician that if the colleges were not so hell-bent on making surgeons and gynecologists of our students, fewer of them, the latter, would desert our homeopathic standard and join the old school. But when the swish of the knife and the spurt of red blood, with its accompanying cry of anguish, fills the halls of our alma mater, morning, noon, and night, and the students freely and gladly "soldier" on the materia medica or the clinical medicine hour, in order to see OUR eminent specialist rip out three or four ovaries, or saw

off a leg, you cannot expect to make many general practitioners. By inference, if not always by teaching, the student comes to believe that medicine-giving is puerile: any old woman can do that. But to cut and slash and hack and wear a towel-turban and white night-shirt and scrub your hands in three or four mixtures—that's the true pathos and sublime of medical life! And the student doesn't discover his mistake until it is almost too late to rectify it. Latterly, when the last year's homeopathic graduate tries to apply his little allopathy plus-more-or-less-of-water to his patients, and, necessarily, gets no result, he jumps to the conclusion that there is nothing in homeopathy, so he joins hands with some of his ex-homeopathic (?) professors and goes to an allopathic college in order to get something "practical"; something "with hands and feet." In this there is no intended criticism of the specialists. It is their business to cut. We have many most worthy specialists in our homeopathic ranks. There are none better in any other school of practice. The fault lies with that jelly-fish homeopathy issuing from the withered manuscript, which is thus and so many times each year taken from the "barrel of sermons." That man or that editor who would condemn surgery or gynecology or bacteriology, as and each for itself, would be a purblind ass! Let our specialists continue to make their specialties attractive. But for Heaven's sake, if not for Hahnemann's or homeopathy's, insist that the homeopathic chairs shall also contain the VERY BEST that can be found in the profession! For what profiteth a homeopath if he gain all of allopathy and yet know not how to cure his curable patients?

### ***Teaching Allopathy in Homeopathic Colleges.***

The *Medical Visitor*, in discussing the question of medical education, says our colleges ought to teach all that the allopathic colleges teach and then add to that homeopathy.

"Well, wouldn't that jar you?"

Nothing has so hurt pure homeopathy as the endeavor by some of our Eastern colleges to work in upon unsuspecting students the teachings of allopathy under the guise of science. Has allopathy ever evolved one single scientific truth

in therapeutics that has stood the test of time? Not one.

About three years ago two young graduates from the Boston University medical school (homeopathic) came to Denver to practice their profession. On being invited to join the Denver Homeopathic Club, they declined on the ground that "they did not know whether they were homeopaths or not and that, though they were educated at a homeopathic college, they deemed themselves qualified to practice all kinds of medicine." And they do, *à la Medical Visitor*. *Qualis rex, talis grex.*—*The Critique*.

[There you have it straight from the shoulder, Mr. *Medical Visitor* man. The day has not yet dawned in medicine any more than it has in theology when all the schools or all the creeds can exhibit under one tent. The desire is a praiseworthy one, but absolutely utopian. He that is not with us is against us. Homeopathy is a law, not a rule—some of our English brethren to the contrary notwithstanding. It is a law of therapeutics. There can be no two laws of therapeutics. The one is and the other isn't. Which is? But we believe the majority of students and practitioners, who speak after the manner of the *Medical Visitor*, confuse the meaning of allopathy—using the latter word without offense. They think that all the virtues of surgery and gynecology and other scientific discoveries belong wholly to the old school. And that if a homeopath takes up these branches he instantly becomes an allopath. It might be well once in a while for alleged homeopathic professors (when they are not casting ridicule upon homeopathic treatment) to explain to the class that the specialties are as well taught in the homeopathic college—some homeopathic colleges—as in the old school. That bacteriology and its congeners are not the discovery or property of the old school. They are the product of chemical investigation and belong as much to homeopathy and eclecticism as they do to the other school. The difference between the schools is on therapeutics. And by that is meant not simply that the schools differ on the quantity of water to add to belladonna tincture or to digitalis in order to make it truly homeopathic, but wholly on the manner of taking the case and the homeopathic application of therapeutics. How many of the sixteen specialist

homeopathic professors know this : or if they do, ever to explain to the class that even using the tincture in 10-drop doses is not necessarily allopathy? Hence, this inane talk about practicing "both ways."

But the most unkindest cut of all is that Latin quotation. Think of it! *Qualis rex, talis grex!* which freely translated (according to the Latin glossary at the back of our McGuffey's Spelling Book, vintage of 1862) means : The greased tail of a Qualified King, or The Qualified Tail of a Greased King? Well, say, don't that grab you? Sir?

### Book Reviews.

THE EYE AS AN AID IN GENERAL DIAGNOSIS. A HAND-BOOK FOR THE USE OF STUDENTS AND GENERAL PRACTITIONERS. By E. H. LINNELL, M. D. Philadelphia, 1897.

We are late in reviewing this book. Unfortunately for the Review Notice we are not a specialist in eyes, and the book, therefore, upon its receipt did not make the impression upon us which a work designed more for general practice would have done. Its title caught us, and we laid it aside for a more careful study. So it escaped us. There is not a great deal to say about it. Its title tells the biggest part of the story. Reading in the book here and there, as is the wont of the busy editor, we are struck with the profusion of technicalities which litter each page. And of all the specialist technicalities there are perhaps none so deterring as those appertaining to the eye and the ear. If Dr. Linnell framed his book with the expectation of interesting the general practitioner we fear he has failed. A general practitioner in the present day has very little time to devote to deciphering the technicalities of a specialty, unless they are made very easy for him. If he runs afoul of an eye that requires anything in the line of hard study to get at its condition, he cuts the Gordian knot by sending the case to the nearest eyespecialist, and so rids himself of the incubus and the necessity for reading, with the aid of a glossary, a half dozen pages of technical literature. This is no fault ; or, if it be, it is a good one ; but it will deter a general practitioner from investing or using the book. It might as well be

understood first as last that the book which catches the busy doctor is a small book—a book that is compact not only in size but compact and condensed in its subject. With the rampancy of specialisms at this date, medicine has been so finely divided up that it is no longer possible for one mind to contain even the more essential technicalities of all the specialties in his head. The true art of book-making, as of teaching, is simplicity. Much wordiness may impress the student or the reader with the supereminent ability of the teacher or author; but it carries no practical value to the recipient of the lecture or book. In his department Dr. Linnell has shown his ability beyond a doubt. And to the eye people, and to those practitioners who have lots of time and inclination, the book will prove a boon and a great help. We are not condemning the intrinsic value of the book, for it is valuable. We refer simply to its utility as a handbook for the general profession.

**VACCINATION, OR BLOOD POISONING, WITH ANIMAL DISEASES.** By ED. ALFRED HEATH, M. D., Philadelphia, etc. Heath & Co., 114 Ebury Street, London, S. W.

Dr. Heath, who is an American graduate (Hahnemann, Phila.,) and a very busy practitioner, has given us a little book of thirty-eight pages, dealing with the sinister side of this subject. He is profuse in his quotation of statistics bearing upon the matter, and in this, as in his masterly language, he makes out a good case. In America we are not yet so pronounced in our opposition to vaccination; though in many of our cities the leaven of unrest is at work, and the undoubted efficacy of vaccination is on the wane. But suppose that an epidemic of small-pox should touch our land and carry away many of our unvaccinated people, while sparing those who had been inoculated, where and when would the censure cease for the physician who advised his patients not to vaccinate? Would it not be better to lose a few vaccinated people, if great numbers may be saved by vaccinating? The assumption that cancer has been on the increase since vaccination came into vogue is—an assumption. A doctor in Missouri has written an excellent paper to prove that syphilis produces cancer, and cancer, syphilis. It is not

a wise position to take, that of assuming that the prevalence of cancer or consumption to-day is the result of any one specified cause. A good deal has happened in a hundred years to clear up the diagnosis of cancer, and other diseases. It is like assuming that, until antiseptics were discovered, entering the abdomen for operations was impossible. Other causes were prolific of cancer besides vaccination. This is not to say that vaccination is the best of discoveries; that it does no harm; but merely that the results quoted may be shown to be attributable to other, and possibly contemporary, causes. Dr. Heath discusses the question in an able way, and his booklet is well worth the shilling he asks for it.

**RENAL THERAPEUTICS. INCLUDING ALSO A STUDY OF THE ÆTIOLOGY, PATHOLOGY, DIAGNOSIS AND MEDICAL TREATMENT OF DISEASES OF THE URINARY TRACT.** By CLIFFORD MITCHELL, A. M., M. D., Professor of Renal Therapeutics in the Chicago Homeopathic Medical College. Philadelphia, Boericke & Tafel, 1898.

Dr. Mitchell always writes a good book. His work is all-comprehensive; it matters not what part of the subject of medicine he touches, he does it with that thoroughness of touch that nothing remains uncleared up. This is true of this latest work from his pen. Its title shows its scope. It is not only devoted to Renal Therapeutics, but to all that enters the problem from the first. He has observed with great care the rules of perspicuity in diction, and no one will complain that he has not made things plain. In fact, sometimes we feel like saying this may become a fault—a good fault, no doubt, but still a fault. For instance, if you turn up the Renal text-book to quickly refresh your memory on Bright's Disease, and then, to your astonishment, find no mention of Bright's Disease in the Index, it rather floors you for a moment or more, until you are able to recall the minute divisions which your Renal Professor made of that disease while you were polishing the school benches. Then, when you look up Chronic Diffuse Nephritis and find that it contains fifty or more pages, you are prone to lay it down and take up some minor work on this disease and get what you want in smaller compass. For the student, or

the renal specialist, we have no doubt that Dr. Mitchell's work is the very best in the market up to date. But for the general practitioner who still treats measles and not varicella, Bright's Disease and not chronic diffuse nephritis, the work contains an *embarras de richesses*. But by this passing criticism we have no wish to condemn the work. It shows the thoroughness of the author's method. But there *is* something to say about a book of this kind issuing from the pen of a professor in a homeopathic college. Specialism, we already know, is rapidly drifting away from homeopathy, because it deals with but a part of the body while homeopathy deals with the whole. It is, therefore, not at all out of place for this specialist to invoke the therapeutic aid of all forms of practice in order to cure or help his patient. If it were a demonstrable fact that renal disease was not amenable to homeopathic remedies, then there could be no dispute as to the propriety of invading and borrowing from the other schools. Dr. Mitchell nowhere in his book says that such lack is found in homeopathy. We are, therefore, forced to conclude that he gives the other measures simply as an addition to homeopathy, and does not intend his homeopathic readers to give preference to the cruder therapeutics. But would it not be a wise procedure to say something of this nature somewhere in the book? We hear but too often nowadays that homeopathy is not sufficient for the cure of modern ailments. If that be true, why not show wherein the law is defective and either apply proper correction or else throw it overboard? But we think that Dr. Mitchell's Therapeutics are like his Diagnosis—cast in rather too diffuse a pattern. He gives too much for the money. A concluding conclusion is that no one consulting this book will have any occasion to regret the purchase, for it is certainly well-arranged, well-prepared, and thorough in all that pertains to the subject.

**THE THERAPEUTICS OF FACIAL AND SCIATIC NEURALGIAS, WITH REPERTORIES AND CLINICAL CASES.** By F. H. LUTZE, M. D. Philadelphia: Boericke & Tafel, 1898.

This is another of the little books that are so valuable to the homeopathic practitioner who is mindful of the little things which so many of the modern school of homeopathy no longer

regard as essential to a good prescription. The book is very prettily prepared, is concise, is neat and scholarly. And that which pleases every good homeopath is that it is homeopathic. It pays a deserved credit to Timothy Field Allen in relation to a phos. symptom. It has a comprehensive repertory, so that a symptom may be quickly run down and traced to its lair—the totality remedy—for, of course, Lutze does not recommend prescribing for neuralgia or sciatica per se. He is careful to say and show that the true homeopath prescribes on the *whole* case, and that the neuralgia is but a symptom—perhaps a very large and ever-present one—but, notwithstanding, only one symptom in the case. The book takes its place with our other first-class homeopathic text-books. And we recommend our readers to invest in it, and then, having so invested, understand and apply its teachings.

**AN ABRIDGED THERAPY.** Manual for Biochemical Treatment of Disease. By Dr. MED. SCHUESSLER of Oldenburg. Twenty-Fifth Edition, in part Rewritten. Translated by Professor LOUIS H. TAFEL. Philadelphia: Boericke & Tafel, 1898.

Here is another issue of a system of medicine—if such it may be called—which has caused the spilling of a good deal of vitriolic ink. It appears this time, as we believe it originally appeared, from the press of B. & T., and this time appears with an autograph letter from the late Dr. Schuessler, giving permission to publish the twenty-fifth edition. The publishers in their Preface say that they had no intention of varying the present publication from the original production: but having been requested to wait for the appearance of the twenty-fifth German edition it was found that so much new matter had been added that it was deemed wise and proper to make a complete revision of the first edition, by translating the last German edition and, thus, practically, present a new book. Which has been done. There is no call to go into the merits of the work as a system of practice. That has been done so many times that even the first-year student is familiar with the contention on both sides; hence we do not touch it. As to the book itself, we wish to say that it is splendidly gotten up, is well arranged for the convenience of the student as well as the



consultant, and, of course, well printed and bound. It is one of that new series of books which this firm is now putting out, namely the small, handy, inside-coat-pocket books. The old wide margin and the large page with its extra heavy paper is a work of the printer's art, but it is a cumbrous bit of bookwork to handle. Therefore, we admire this inside-coat-pocket edition of this and other popular works. We conclude by saying that those who want to get at the truth, in a nutshell, concerning the Tissue Remedies have now the opportunity in this new edition, since it is warm from the pen of the author, and was perhaps the last work of his hands and brain.

The Homeopathic Directory, 1899 edition, issued by the Homeopathic Publishing Co. of London, lies before us. It is a small, coat-pocket-book, well prepared and handsomely bound. It is of value to everyone traveling on the continent of Europe in the event of needing a homeopathic physician. It has stood us in good stead a number of times in giving information to some inquiring (American) homeopath, concerning the representatives of our school in different cities of the Old World. The price is 2s. net.



### Globules.

**A Subscriber** says: "Under Phosphoric acid (*Materia Medica Pura*, Vol. II.) we are taught to make potencies (after the first) with alcohol. Under Phosphoric acid (*The American Homeopathic Pharmacopœia*) we are taught to make the potencies with distilled water. Which is the correct method and why?" This is a knotty question. Can any of our readers enlighten our Subscriber? We understand Dr. Hazard of Iowa City, Chairman of the Institute's *Materia Medica* Section this year, is contemplating a line of bureau work of this order: perhaps he can tell us, why the difference.

The Alumni Association of the Hahnemann Medical College of Philadelphia will hold its annual reunion and banquet on May 10, 1899. The Fifty-First Annual Commencement of the college will be held on the same evening, making the day an usually full and busy one. We take

especial pleasure in calling attention to anything in which old Hahnemann is concerned. It is a fine school in every sense of the word. We note that our enthusiastic friend of Washington, Dr. William R. King, is President of the Alumni Association. It goes that the occasion will be anything but a Quaker meeting.

The dealers in gaberdines and wash bowl hats for our American homeopathic graduates (soon to be released from their well-worn benches) are beginning to brush them up carefully, using gasoline to freshen up the moth-threatened spots. And the preacher man who will be called upon to perform the duty of any intelligent medical professor and deliver the faculty address is doing the same: *i. e.*, running over the finger-stains in his bottom-of-the barrel sermon. Great is the preacher man when he takes upon himself the functions of another and presumably equally learned profession! Singular that with all these pious and highly moral accessories of graduating, the student does not always stay of the same mind. Some of these men have been known to engage in flagrant and palpable blackmail of prominent men's daughters before the holy (graduating) oil had become dried behind the ears.

**Members** of the Ohio Homeopathic State Society, *materia medica* section, have been notified of the bureau work. Some of them have not responded. The chairman does not propose to carry any names in his bureau for ornament solely. He will petition for others who are properly enthused in the homeopathic part of the programme. If you don't care to be in this section, and have been asked to take your part, it costs but a penny for a postal card tendering your declination.

**Thursday**, May 4, is the date set for Alumni Day and Annual Banquet of the Alumni Association of the New York Homeopathic Medical College. Dr. Helmuth writes, "A carefully prepared programme of the exercises is now being arranged by the faculty, and additional care is to be extended over all the named clinics, in order that the day may be one of instruction as well as of social reunion."

The annual meeting is the same evening at half-past six at Delmonico's, Fifth Avenue and

Forty-fourth Street. The banquet follows and promises to outdo the successes of previous years, as an elaborate post-prandial programme has been arranged. The price of the dinner will be four dollars, and all alumni and friends will be welcome. Send for tickets to Chas. Helfrich, M. D., Sixty-four West Forty-ninth Street, New York.

**Dr. Givens'** Sanitarium for Nervous and Mental Diseases and Habitués of Drugs and Stimulants at Stamford, Conn., offers unexcelled advantages for those requiring special treatment. It is located within fifty minutes of New York City, on a hill overlooking Long Island Sound, and with forty-five trains each way daily.

During the past year another cottage and many improvements have been added and the place is up to date in every respect.

**Dr. B. H. Lawson** of Detroit has been appointed a member of the Detroit Board of Health by Governor Pingree. He is one of the oldest homeopaths in the State, a member of the Michigan State Homeopathic Society and at one time President of the Detroit Practitioners' Club. We congratulate Governor Pingree upon this eminently fitting selection for this important office and hope Dr. Lawson will continue in the good work as always heretofore.

From a private source (Ann Arbor) we learn that "Dr. Biggar gave two lectures before the Annual Practitioners' Course" of the Ann Arbor Homeopathic Department, recently concluded, "one on Brain Surgery, and one on Gynecology. He held a clinic at the hospital, doing four laparotomies, vaginal and abdominal, and trephined a boy's skull for pressure on the brain (beautifully illustrative of his lecture on the brain), and this morning, two days later, the patient is fine, can talk plainer and has no bad symptoms."

**The Century** magazine has concluded its Historical Narrative of Hobson's Sinking of the Merrimac. It read very well. Now it is at work on the only authoritative account of the military operations at Manila. Maj-Gen. Francis V. Greene is writing this later story. The April *Century* will describe the means by which the insurgents were removed from the American front. Other of the *Century's* literary symposium are in its usual and well-known excellency of detail.

We acknowledge the receipt of a little work on "Materia Medica and Therapeutics of the Rarer Homeopathic Remedies," by Dr. Oscar Hansen of Copenhagen. The work is in English and published by the Homeopathic Publishing Co. of London at one dollar per copy. We had the pleasure of seeing and conversing with this gifted author, and were impressed with his

sincerity and thoroughness in the homeopathic materia medica field.

"About twenty years ago, if my memory serves me, I was on a professional visit to Cincinnati, being in practice at that time in Ohio. While there, and talking with my valued friend, Professor W. W. Dawson, he mentioned the wonderful antiseptic properties of 'Platt's Chlorides' and I have used it ever since. In our present smallpox epidemic I am using it every day. Nothing I have ever known equals it as a general antiseptic and deodorizer.

"W. W. O'BRIEN, M. D.

"Alexandria, Va."

**The Rudolf** at Atlantic City has no peer for a hotel for your Atlantic City outing this year when you attend the American Institute. Arrange promptly for your headquarters there. **THE AMERICAN HOMEOPATHIST** has never yet made a mistake in its recommendation of hotels for its Institute friends.

**The Pennsylvania Lines** are among the best, if not the best, for quickly, safely, and comfortably reaching Atlantic City to attend the American Institute in June. Every convenience of a well-appointed road is to be found with this stanch, old, and reliable company.

Our friend Dr. C. F. Otis of Honeoye Falls, N. Y., sends us the following: "nr. otis. ida Has a cold and sore throat and her eyes run kind settling on her chest Horse talking and she sneaces great deal from mrs ——" Wonder what he sent her.

**Atlantic City**, where meets the American Institute in June, owing to its "always open season," cannot be classed among those resorts whose hotels thrive only for a brief period each year. There are a dozen or more hotels whose rates, while in keeping with the high standard of excellence maintained, are in no wise exorbitant. All of the hotels make special rates to guests remaining for any length of time, say upward of a week. As there are many new arrivals daily, it is advisable for contemplating visitors to make hotel reservations in advance.

To reach Atlantic City. No other line offers visitors from northern Pennsylvania and New York State points, points in Canada, the north and northwest such exceptional inducements as does the Lehigh Valley railroad. Owing to its many scenic attractions it is the most popular as well as most direct route.

#### **The American Homeopathist.**

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# The American Homeopathist.

NEW YORK, APRIL 1, 1899.

FRANK KRAFT, M.D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



The late Dr. TEMPLE S. HOYNE.

**D**ID you pass? If so, how soon will you begin studying medicine for a living?

\* \*

**I**F homeopathy is A law of Cure, then of course the other schools may justly claim possession of other laws of cure; and there could be no impropriety in the homeopathic college importing and applying all the other laws of cure. But if homeopathy is THE law of Cure, then there is no reason for lusting after

the fleshpots of Egypt. Homeopathy ought to be sufficient. Hahnemann said, Homeopathy is THE law of Cure. But, of course, Hahnemann was never anything but an old man of seventy, he was never young and enthusiastic, in whose veins the fire of youthful life ran mad riot; he never suffered and fought for principle (with black bread and ostracism accompaniments), as so many of our young men of this hermaphroditic-homeopathic age do not have to fight and suffer; he was simply a fanatic, a crank, a translator of other people's books, and mixed his religion with his moonshine and dotard theories. Besides all this, he is dead.

\* \*

**W**HERE do we hear of old-school colleges saying to their brethren that they teach both ways? Though they have no basic law of cure, such as we remaining homeopaths used to think we had, still they stick closely to their tenets, and do not attempt to carry water on a jellyfish backbone. They still fight under their old flag—the same flag which our First Grand Master, our Founder Member, Hahnemann, fought against and deserted, for cause. But here are we, many of us, in this bugteriological age, training to be once more hail-fellow-well-met with our implacable enemy. No! The old school has no more use for homeopathy to-day than it had in the olden time. It despises the sect. But it has taken a more politic way of destroying us. It transforms the majority of our homeopathic specialists into allopaths. Then we put them into important chairs. The rest is dead easy. Our students copy their allopathic formulæ. And we sit idly by, wrapped in our saintly phylacteries and mortar boards, and make no protest.

WE fill our journals with operative cases and more operative cases; with "soup-plate-full-of-ovaries" fairy tales; with goody-goody editorials—giving each referred-to person or project a stick of striped candy, a bite of our apple, and a peep at our sore toe. We deal in little self-adulatory puffs on our increasing goodness and circulation. We haven't an opinion, lest we offend the colleges and the pharmacists. And the profession is in fear of these. There is no opinion outside of them. If we dared publish some of the things that we may know are wrong in the homeopathic college or pharmacy, we would hurt our friends; and that is disloyalty and treason. So we confine the secretion of our alleged gray-matter to namby-pamby opinions, jollying our foreign brothers on their wonderfully fine operations, upon the excellent flavor of the meals we ate over there a little while ago. Or, if we feel a little spasm of virtue creeping into our inkwell, we give the New York Examination Law or the American Institute a left-handed swipe; and that is all. But the paramount issue of homeopathy, that with which every man and woman in the profession is immediately and bread-and-butterly concerned, the very life of our profession, that—oh, well, that doesn't concern us.

\* \*

SUPPOSE, for instance, that a batch of homeopathic graduates—and the *Medical Visitor*, we are told, makes the charge that there are this year three hundred such graduates—suppose that a batch of three hundred homeopathic graduates go over into the old school, and, in one instance, at least, are accompanied by some of their former homeopathic professors—what of it? Who cares? Besides, it's nobody's business how we run our college or our journal. You don't have to go to the one, nor take the other. We have grander and nobler and far more enduring themes and things to talk and write about than the approaching decadence of our homeopathic school. What's the use of continually stirring up your personal friends? Why don't you sit down some time and take things easy? Don't be hysterical all the time. Of course you have to write something to pad your columns. But it is far nicer to float with

the stream than to be buffeting the waves. Keep in the procession; then you won't ever find any fly in your ointment, or any knife in your back. Then you will live long and ingloriously, and die contemptible, and be forgotten before the ink is dry on the few perfunctory lines which Necrologist Smith may deem it perfunctorily necessary to hand in to the perfunctory Memorial Service of the American Institute. A Time-serving Editor! A Venal and Truckling Teacher!

\* \*

FANCY Hahnemann truckling to the old school then or now, borrowing their weapons, and using them, not surreptitiously, but openly and avowedly, because such use shows the cultured gentleman of this century, the liberal, broad-minded, both-ways teaching and practicing physician! Think of Hahnemann recommending the study of the allopathic formulary in order to provide for possible contingencies of these students being called in consultation with the allopaths! But, alas, Hahnemann is not any longer with us! We have no Moses to lead us. But we have his brother. And this Aaron, like his ancient prototype, is more enamored of the golden calf than of the tables of the law. The students, who were sent up from the country by old-fashioned homeopaths to learn homeopathy, sit in the benches during this tedious manuscript reading and symptom-expounding hour impatient to see the surgical gentleman,—this latter, by the way, is a man who carries the class with him; a man who believes in himself; a man who knows what's what; a man who does something with something,—the class wants to attend his hour in order to get some real live information of How to Cure Diseases with a Knife, a Hammer, and a Buck-saw. Verily, verily, Die Wilde Macht ist Gross!

~

A new post-graduate homeopathic school for Chicago is being mooted.

"Jabez Peabody" has been frightened out of the journal field. Has someone written him a bad letter, threatening to expose his former wickednesses if he did not stop writing?

## Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M.D., 110 West 12th Street, New York.

References in this department are made by number. See issue of January 1 or December 15 of each year.

### *Echinacea in Blood Poisoning.*

Dr. J. Borough<sup>11</sup> reports the case of a lady aged fifty-five who was struck by a railway engine while riding in a buggy. The only serious injury received seemed to be a cut three and a half inches long on back of head with a slight fracture of outer plate of skull, and some slight bruises on body and limbs. He dressed the wound, which healed nicely, except an opening left for discharge. About the end of the first week greenish-yellow blisters began to form wherever there had been the slightest abrasion. An especially bad one was on top of the right hand; the hand soon swelled to an enormous size, swelling extending up the arm, with high fever. All symptoms pointed to blood poisoning. He gave the usual remedies for twenty-four hours, but the trouble increased. In looking over the list of remedies he thought of echinacea, which was given in drop doses every hour. The fever soon began to go down, the blisters with their surrounding redness to dry up and disappear. The wound of the head at this time began to discharge freely. The swelling of hand and arm concentrated in the hand, forming an abscess, which was opened in due time, and healing nicely. The wound on head continued to discharge freely for several weeks, which was gradually reduced by silica and china. After removing a few spicula of bone the wound soon healed. Patient is now in excellent health.

Dr. F. W. Hamlin of New York has used echinacea with good results in cases of perineal laceration with sloughing. He gave the remedy internally and also applied it locally. Local application: echinacea, one part; water, two parts.

### *Coronilla varia in Diseases of the Heart.*

Poulet<sup>12</sup> made a series of clinical observations on the action of coronilla varia on diseases of the heart. The drug was given in the form of an infusion or in substance in doses of one

decigram ( $1\frac{1}{2}$  grn.) four times daily. These observations convince the author that coronilla is an excellent cardiac remedy; it regulates the rhythm of the cardiac contractions, increases their force, works excellently in palpitation of whatever cause, etc. It has, besides, a very favorable effect on the digestive functions, in which respect it is very much superior to digitalis, which cannot be borne by many patients, causing nausea, vomiting, and diarrhea. Coronilla is therefore especially indicated in those cases of heart-disease which are complicated with disturbances of the digestive apparatus and with vertigo. Unlike most cardiac remedies, coronilla has no cumulative effect, is an excellent diuretic, and sometimes proves effective where strophanthus, sparteine, and digitalis fail.

### *Ferrum in Pernicious Anaemia.*

Olive of Barcelona in the Belgium Journal of Homeopathy thinks ferrum homeopathic to anæmias, but not to all cases, it acting by its influence on the nerve centers. The best preparation is ferrum phos. Ferrum carb. is of service when there is "pyrosis without neuralgias." Ferrum muriat. when there are eructations with a feeling of emptiness in the stomach, without constipation or vomiting. Ferrum citric. in the paralytic states of chlorosis, with loss of appetite and vomiting of food. Ferrum met. if there be no digestive troubles. He also recommends several other remedies which have given him good results. Calc carb., 3x or 30x, when there is amenorrhœa or menses too early, leucorrhœa, headache, gastric symptoms, especially in pale women who are fleshy and of a vivacious and irritable character. Phos 6x in nervous weakness and fatty degeneration of the heart. Arsen. 3x in grave cases; natr. mur., puls., china, ignat., kali phos., cupr. met., cyclamen, nux, sulph., graphites, sepia, conium, and lycop. according to their symptoms.

### *Bichloride of Mercury Poisoning.*

Lavergne<sup>13</sup> reports a case in which ~~two~~ sublimé irrigation of a puerperal uterus, performed after a digital examination to determine the source of a hemorrhage, resulted in violent gastro-enteritis accompanied by mercurial stomatitis. Notwithstanding the alarming symptoms, the patient's life was apparently saved. She was

logical, or neurological diseases, whether at the bedside or in the clinic room, as is presented at Ann Arbor. The clinic hours are all filled with interesting cases. Many of the dispensary patients come from neighboring towns and cities, even as far as from Toledo and Detroit. Every patient is thoroughly examined, properly presented, and utilized to the advantage of the patient and class. The hospital patients come from almost every State in the Union, from California, Montana, Idaho, Kentucky, Pennsylvania, Ohio, Indiana, and many from Canada.

This is only the second year of the post-graduate course, and it has proved very successful. I was glad to meet many of my old friends who were in attendance, some of whom I had not seen for twenty-five years, and many others with whom I have been associated more recently in college work in Cleveland.

The hospital department has a training-school superintendent, a hospital superintendent, and a matron. In the training school are thirteen nurses. The State pays any deficit which may arise from the hospital.

The hospital wards are large and well-ventilated rooms, the private rooms are very comfortable, and on each floor is a large sun room for convalescing patients. The rooms for clinical teachings, including the well-appointed and spacious amphitheater and darkened rooms for the X-rays and the ophthalmic examinations, are all very convenient and appropriate.

The hospital is at the present time too small to accommodate the patients; some are compelled to seek other retreats or wait their turn for admission.

This session of the legislature is very kindly disposed toward the University and the Homeopathic College, and is likely to make liberal appropriations that will materially increase the college advantages. The citizens of Ann Arbor are always liberal in donations when increased hospital facilities are demanded. The college has a bright future, the faculty composed of representative men, all working in harmony for the advancement of the cause and the prosperity of the school.

I was present at Professors Hinsdale, Dewey, Copeland, and Kinyon's clinics. Professor Hinsdale is a practical instructor; and physical diag-

nosis on the living clinic was well explained and taught. He is very particular in regard to dietetics, and frequently when necessary resorts to lavage with good relief to the patients. Many of his clinics came from neighboring cities, and in numbers so large that he could not give all the attention within his scheduled hours.

Among the many clinics of Professor Dewey were two very interesting cases, one a lad of eighteen with paraplegia, who was very much improved by lathyrus 3x; the other a young girl of sixteen with hystero-epilepsy, who was much better from tarantula-hispana 3x. Professor Dewey is an expert with the X-rays, and resorted to its use with two or three clinic patients during the afternoon.

In Dr. Kinyon's clinic four laparotomies were done (two abdominal and two vaginal), and the trephining of a lad for an old fracture of the skull which caused very serious brain and nervous disturbances. Professor Kinyon has a very large gynecological clinic. During the last year he operated upon and cared for five hundred and twenty-four gynecological and obstetrical cases, with two deaths; a mortality of less than two-fifths of one per centum, which, as is apparent, is a most excellent showing.

Professor Le Seure is doing good work in general surgery, as well as Professor Copeland in the eye and ear clinic, the latter indeed doing the most advanced work in his specialty, being deservedly successful and correspondingly popular.

"Dewey's Weed Room," as Dean Hinsdale calls the pharmacological laboratory, is interesting. The walls are covered with dried plants, many of them gathered by the students while accompanied in their ramblings by Professor Dewey. It is here that the students are taught the preparation of drugs and their uses, which is undeniably a most necessary and practical part of a student's teaching.

The junior and senior candidates for examinations in pass work and for "the finals" have only five chairs to be examined in. The thoroughness of their preparatory work during the freshman and sophomore years, and careful training and practical teachings during their last two years, make the pass work and examination

for "the finals" much easier, more satisfactory, and much more honorable.

The students have the privilege of attending twenty-five obstetrical cases during the session, under the supervision of Professor Kinyon and Dr. S. P. Tuttle, his able assistant and accomplished house surgeon.

The students are hard workers, and seem to realize the superior advantages in each department of this progressive homeopathic medical college. The freshman and sophomore years are passed with the other medical (old-school) students on the campus, their studies embracing anatomy, physiology, chemistry, microscopy, histology, and all other laboratory and bacteriological work.

The homeopathic students during these two years attend the homeopathic clinics, thus preparing them for the advanced teachings in homeopathic materia medica, theory and practice, surgery, obstetrics, and nervous diseases.

The university boasts of having the largest medical library in the world. It is replete with medical journals, magazines, and pamphlets. There are in this library over one thousand volumes of homeopathic authors.

The pathological museum on the campus is among the finest in the world.

Dr. E. B. Maynard, formerly a Cleveland student, went to Ann Arbor to finish his last year, and became so enthusiastic over his opportunities that he again began his preparatory scientific work, though by doing so it necessitated an additional year of study before graduating. This was most commendable. He is now superintendent of the Homeopathic Hospital with a comfortable salary, which position gives him unusual advantages in bedside work and the clinics equal to a continuous post-graduate course.

The students from the old-school college frequently attend the different lectures and the clinics in the homeopathic college and hospital. Homeopathy is well taught, and the students are well grounded in the faith.

I found the wives of the professors interested alike with their professor husbands in the success of homeopathy.

A reception was given by the members of the faculty and wives to the professors and students, in the offices (which occupy an entire flat in the

Thompson Block) of the four resident professors.

The professors are popular with the profession, and attract by their teachings, clinics, and operations many students from the old-school department. It is truly inspiring to see such grand work in methods, systems, and thoroughness in every detail.

This most thoroughly equipped and up-to-date medical college is under the management of a Board of Regents. The professors are salaried and appointed by a higher power, to whom each is responsible; hence the different chairs are filled by representative men, who insure confidence; hence the harmony and solidarity of the faculty, and hence the great success of the homeopathic medical department of Ann Arbor University. A medical college to be successful must be liberally endowed or affiliated and under the protection of a State university, where the members of the faculty will be financially compensated for their labors, but responsible to a higher power for their appointment.

In the homeopathic medical department of the University of Ann Arbor homeopathy is taught not only from the chair of Theory and Practice and Materia Medica, but from the other chairs as well. What will be the result of these teachings? Splendid, scholarly, homeopathic physicians and surgeons.

CLEVELAND, March 4, 1899.



**"THE KEystone OF THE ARCH, MEDICAL ADVANCEMENT." IF INVISIBLE YESTERDAY, THE GOAL TO-DAY, WHAT SHALL BE ITS STARTING-POINT TO-MORROW? \***

**W**HAT is to be done, starting with the conditions of to-day, for the advancement of the profession of medicine? From what sources may the colleges look for, or expect to derive, assistance in the struggle for existence that is impending? What antagonisms to progressive tendencies present themselves, apparent or real, and how are they to be met? What is the real relation between the profession and the educational institutions and other factors of control,

\* Toast delivered at the annual banquet of the Palmar Arch of Cleveland, O., by Dr. A. P. Eggleston, of Mt. Vernon, O.

official or otherwise, and where is the really controlling force of one or the other? Is there in the medical heavens a visible or previsible token that the time is coming when Ohio shall have a thoroughly advanced, up-to-date, systematically complete medical school or system of medical schools, or is there not? If not, why not?

It is profitable to ask questions. It is profitable, whether they are or can be answered, or are not or cannot be answered. It is proper, therefore, to ask. If in the course of the little that I may say to you some answers appear, it is because, you may be sure, I have asked them of myself times over, and some things in the way have suggested themselves.

Because the colleges are active factors in these problems; because they always exert an influence in some direction; because every movement of the general professional mind includes them, they stand out prominently for our most dispassionate and generous consideration. All honor to the colleges, say we: to the institutions that have crowded themselves into the front rank in the face of strenuous opposition; that have grown from mere skeletons to rotund and proportionate bodies; that have substituted solid realities for promises and pretensions; that have purged their faculties of the disreputable, the figure-heads, the barnacles, the selfish and indifferent; that have made and are making willing sacrifices for the elevation of the profession and general medical advancement; all honor to the colleges, again say we.

They still have limitations, however. Financial stresses, aims too high to be successfully sustained, schemes too broad and deep to win in the race with narrower and less conscientious competitors, are common to many; to say little or nothing of embarrassments by pigmies who still by hook or crook go into hiding in them, or by the unscrupulous who use them as ladders to scale heights otherwise inaccessible.

But the colleges are not alone in the advance. The profession has gone forward also. Apparently deeply concerned with practical affairs, it has been thinking; its attention centered upon the problems of daily work, it has found and faced other problems now in process of solution; it has come to the point of asking questions about current medical affairs; unsatisfied with

thinking and asking, it has done some things, and will do other things. One thing assuredly may be set down as a fixed conclusion: that in its sphere the consensus of medical opinion is, or may be made, an incontrovertible and irresistible fact.

Thus there have been two factors, and now a third is assuming a commanding position—the State Board of Medical Registration and Examination, and behind it a law for the regulation of medical practice. Perhaps the law rises as high as its source; but, conceived in party strife and born of compromise, its source could not have been high. Perhaps the ultimate aim was for good; but, unjust in both construction and execution, no unmixed good could come out of it. The board is, perhaps, executing the law with tact and circumspection. It is not to be held responsible for conspicuous class legislation which the law embodies; nor for assessment of the cost of regulation upon the class regulated, for the benefit of still another class for whose sole protection the regulation was made; nor for some apparently arbitrary classifications, the mere creatures of circumstances; nor for the difficulties of adjustment in the matter of the material poured out of the colleges, when they were powerless of control in the matter of the material poured into them, or the use made of it while there; nor for the equivocal provisions of the law which they administer; nor for its police functions.

Nevertheless, granting the good intentions of the colleges, the well-meaning persistency of the profession, and the able administration of the law by the board, there still appears to be something, somewhere, among the relations of all, that is unfinished, or unsatisfactory. Else, why so much questioning? What is it?

In answer, the following have suggested themselves to my mind:

1. The existence, or efficiency, or honor of the colleges, organized and conducted upon present methods, is threatened by the attitude of the St. Bd. Med. Reg. and Ex. Hence, there is uncertainty regarding future policies.

2. The solidarity and activity of professional opinion, now previsionary, is a coming fact. Let him face it, if misdirected, who dares.



Therefore the challenge directed upon whomsoever aspires to leadership.

3. The board is presumed to have assumed a standard for colleges, and upon this has devised an inelastic rule, fixed a date upon which it shall go into operation, and still further limitations may be impending—who knows what?

The basis of the first and third suggestions is embodied in the third resolution of the Requirements for Medical Colleges adopted by the board May, 1896, as follows:

"On and after July, 1899, no medical college will be recognized as in good standing . . . which does not have an active faculty embracing the departments (among others) of Physiology, Chemistry, Histology, Pathology, Bacteriology, Hygiene, and State Medicine." (This, I am semi-officially informed, will be rigidly enforced.)

Now notice: If it does not signify a professor for each of these departments, by whom it will be fully or fairly taught, present conditions are not a whit improved; it is, therefore, buncombe. Again, no provision is made for censorial or other supervision. Further, no penalty is attached for non-compliance. Is it all buncombe?

To illustrate: Harvard, Univ. of Mich., and others employ experts in these departments, and pay large salaries for their undivided time; they must do it to maintain their standing. Does our board require the same standard and the measures to maintain it? It would seem so. Can the colleges do it—is there *one* that can do it? Point out to me, if you can, one solitary college or university in the State of Ohio that for a single year can support the outlay of \$10,000 to faithfully fulfill this requirement. There is not one. I cannot see otherwise than that the colleges will be *forced* into a disadvantageous position—into one of two positions: non-compliance with the order, pure and simple, or evasion of it.

Such are the salients of the situation, imperfectly outlined as they are. Are they sufficiently clear to be made the basis of a prognostication? History may be expected to repeat itself in medicine, as in morals and politics; and we may therefore safely expect that the present law will pass, as other laws

have passed, in this and other States, because of its inadequacy, its inconsistency, and its incompatibility. The board will pass, too—after having fully regulated the doctors. It has been strangely overlooked or ignored that the heretofore elements of progress have been exclusively vested in an honorable and enthusiastic profession, and in its mainly worthy, painstaking representatives—the colleges and universities. It is clearly not just that their interests should be so early forgotten, to be replaced by force of law because it is law. Organization and aims, on the part of these institutions, forgotten; possibilities of attainment and financial security, forgotten; honesty of purpose and endeavor, sacrifices of time and professional opportunities, all forgotten; and all replaced by arbitrary rulings and interpretations, all by force of law because it is law. Has there been an identity of interests between this law and board and the profession of this State in such things as decrees of bad standing against this college and that, and demands upon all impossible of fulfillment? Is it, or is it not, a stretch of authority to nullify a charter issued by the sovereign State? Is it within the function of any legislative or judicial body of this State to formally publish its decree of disreputability and unfitness of the institutions of other States, and how may that be in the interests of better medical practice here? I tell you, gentlemen, no law was ever successfully executed that was not the culmination of public opinion; none ever that was not in line with the positive present interests of the greatest number.

What is, where is this opinion of the profession, this force that rules, or ought to rule, in all matters for the good of the whole, beneath which there is nothing enduring, and above which nothing fit or practicable can be devised? In the colleges? No. They ought to, and might mold our opinion, but they don't. In the law of '96, and the board it creates? No. Its aim is control of practitioners and their practice, and the colleges, and not the elevation of either. In the profession at large? Where is the profession, and what its embodiment? Does it consider and act as a great irresistible aggregate of opinion? Through what channel? Is there anywhere, in college or out, in the law's

board,—or the board's law, or out of it,—any representatives of the great, potentially forceful thing we call *the profession*? If there is, in this complex situation, an enduring thing, even if latent; if there is a potential thing; if there is a forceful thing; if there is an irresistible thing—it is the medical profession, *if it can be embodied*. No man may say what may be in it, and what may be brought out of it, if once set in motion.

Therefore, recognizing these things, it is not only becoming in us, but is our sacred duty, to develop by all proper means this latent force we so well know of. Can it be done?

The *Palmar Arch*, according to its prospectus, has voluntarily assumed the position of the profession's representative, has undertaken to develop its strength and influence. Thoughtful, earnest men, unmindful of sect and school, and schism and clan, regarding only things of a progressive age, remembering always that the highest successful human attainment is the greatest good to the greatest number—such men have set themselves to do the thing there is to do, to *organize*; to organize for strength in numbers; to organize for power of influence; to organize for centralized representation; to organize for the control of the profession by the profession for the profession, and all for the glory of medicine in the State of Ohio. The time is ripening, circumstances are wheeling into parallel lines, opportunities within reach might be never again.

Long life and unmeasured success to the Palmar Arch!



### Questions and Answers in Materia Medica.

Prepared by EDWARD FORNIAS, M. D.,  
Philadelphia, Pa.

Give constipation of phosphorus?

The fæces are slender, long, narrow, tough and hard like a dog's, and voided with difficulty.

Give the gastric symptoms of phosphorus.

As soon as water becomes warm in the stomach it is thrown up. Fullness and painfulness of the stomach. Sometimes a gurgling and stitching in pit of stomach. Vomiting of blood; better from drinking cold water.

When is phosphorus indicated in pneumonia?

When there is dryness of air passages, excoriating feeling in upper chest. Weight or tightness in chest; sore, bruised chest. Dry, tickling cough. Sputa bloody, rust-colored or purulent. Oppression and anxiety. Later, stupor; burning heat of head; muttering delirium.

When is phos. indicated in tuberculosis?

In tall, slender, or rapidly growing persons, with repeated hemoptysis: dry cough, great debility, frequent attacks of bronchitis: purulent sputa.

When is phos. indicated in mastitis?

When there are fistulous openings; with burning, stinging, and watery offensive discharges. Also as soon as pus forms.

When is phos. indicated in typhoid fever?

When pneumonia complicates the case. Hard, dry cough, or loose. Stupor, dry lips: black, dry, immovable tongue, cracked and parched. Open mouth. Delirium. Grasping at flocks. Frequent and copious epistaxis. Diarrhea painless, with loud rumbling and meteorism, worse in the morning. Great weakness after each stool. No control over sphincter ani. Wide open anus, etc.

Give the silicea uterine symptoms.

Increased menses, with repeated paroxysms of icy coldness over the whole body.

What are the mental symptoms of silicea?

Yielding mind, faint-hearted, anxious mood.

Give constipation of silicea.

Difficult expulsion of soft stools; they seem to slip back.

How is the headache of silicea made better?

By wrapping up warmly.

When is silicea indicated in suppuration?

When it is excessive, and when by its long duration it is causing great harm to the system. Pus ichorous, sanious, and thin; offensive.

When is staphysagria indicated in toothache?

When the teeth feel too long: gums ache, and the teeth turn black.

When is staphysagria indicated in headache?

When there is a sensation of a round ball in

the forehead, firmly fixed there, even when shaking the head.

When is hellebore indicated in meningitis?

When the head of the child rolls from side to side on the pillow, with screams, automatic action of one arm or one leg, soporous sleep and great stupidity. The urine is red and scanty, leaving a coffee-grounds-like sediment.

When is hepar indicated in croup?

When there is wheezing, metallic, choking, strangling cough, especially brought on by exposure to dry west winds. (Acon.).

When is hepar indicated in colds?

When there is a wheezy, croupy cough, worse when any part of the body is uncovered, or is brought on by least exposure.

When is hepar indicated in sore throat?

When there is a feeling of a fishbone in the throat. (Arg. nit.).

When is hepar indicated in suppuration and abscess?

Early to disperse the abscess, or after to promote suppuration. Especially in abscesses of cellular tissues.

Give the menses of ferrum?

Too soon and too profuse and long lasting, with flushed face and ringing in the ears.

Give the metrorrhagia of ferrum?

Blood partly fluid and partly clotted (sabina): in weakly persons with labor-like pains.

Give the headache of ferrum?

Congestive, throbbing headache, with flushed face and ringing in ears. Occipital headache when coughing.

What is the diarrhea of ferrum?

1. Painless diarrhea of undigested food. (China, pod.). 2. Watery, burning, and corroding anus. (Ars., iris.) 3. Of slimy mucus mingled with worms. (Cina., spigelia, sulph.)

In what form of rheumatism is ferrum indicated?

In rheumatism of the deltoid (left side), with sticking and tearing at the shoulder joint: or paralytic pain at the same joint preventing motion of arm. (Sang., right side.)

What is the hemoptysis of ferrum?

With pain between the scapulæ, and fullness and tightness of the chest (phos.): worse from least exertion (ippecac.): worse from walking slowly about.

Give the intermittent fever of ferrum.

After the abuse of quinine, with congestion of the head. Distention of the veins, vomiting of the ingesta, and swelling of the spleen. Profuse and long-continued perspiration.

Give the headache of sepia.

Paroxysms of hemicrania, stinging pain from within outward, in one side of the head (mostly left), or in the forehead, with nausea, vomiting, and contraction of pupils, worse indoors, (puls. better outdoors), better in open air (puls.), and when lying on the painful side (ignatia).

When is sepia indicated in gleet?

When there is no pain, and the discharge occurs only during the night, a drop or so staining the linen yellow.

Give the menses of sepia.

Too early and too profuse: even with mania: or too late or too scanty (puls.): suppressed.

Give the leucorrhea of sepia.

Yellow or greenish water: like pus: of bad-smelling fluids, accompanied by much itching in genital organs.

Give uterine symptoms of sepia.

Pain and bearing down; feels as if everything would escape through the vulva (bell.); crosses the limbs to prevent protrusion.

What are the mental symptoms of sepia?

Aversion to occupation, indifference, especially to members of her family. Irritable and easily offended. Memory weak.

Give the urine of sepia.

Putrid urine, with deposit of a pinkish sediment, which adheres tenaciously to the vessel.

What are the cutaneous symptoms of sepia?

Yellow saddle across the nose. Also yellow-brown spots on the face. Face pale, waxy, yellow.

**WITHOUT BENEFIT OF CLERGY.**

**T**HE Chicago Homeopathic Medical College had its Commencement Exercises on Tuesday, March 21, in Studebaker Hall, Fine Arts Building. This is one of your leading homeopathic colleges, and one which believes in the supremacy of the medical profession in all things medical. It did not tail after the Church in a hollow pretense of greater sanctification of the services if done in a church building. It also called upon its own faculty to deliver its medical addresses. Thereby showing that it believes in itself, and is not afraid to have its faculty judged by the men who shall appear before a mixed audience on public occasions. And the Chicago Homeopathic has always been noted for its bright and enthusiastic men and teachers. The Presidential Address was delivered by Dr. John R. Kippax, the worthy and popular successor of the late, lamented Dr. J. S. Mitchell, and the Doctorate Address was given by Prof. Ch. Gatchell. Those in the profession and out, who heard Gatchell's address at the banquet of the Institute at Minnetonka some years ago, will not need to be assured that this Doctorate Address was of the same high order of excellence, well delivered, and to the point. This is all as it should be. Let us divorce Medicine from the Church. There is glory enough for all, without the one invading the preserves of the other. There is no need to combine the two, on the pretended greater modesty of the one, or the greater sanctity of the other. The medical profession is a learned profession. It is of greater antiquity than either of the other professions. It has no need to go beyond its own family circle for eminent men, for cultured men, men of rare attainments, experienced, liberal, and broad-minded, to do all the things that are needed in and about a medical college from Announcement to Commencement. Where can we find men of finer professional parts in either of the other learned walks of life, than Helmuth, Allen, Gatchell, Runnels, Porter, Shelton, Ludlam, Buck, Dewey, Richardson, Price, Biggar, Walton Bailey, Talbot, Dudley, Van Baun, and the many, many others? Will not these eminent medical scholars make a deeper impression upon the graduating class, and the assembled friends,

than any minister from a near-by church? The presence of the cloth at Commencement Exercises is not objectionable, any more than it is to have several lawyers. But that the minister or the lawyer shall elbow our third estate—the medical profession—off its own platform—that we steadfastly refuse to entertain. We know that Kippax and Gatchell represented the medical profession as no outside party, lawyer or minister, could have done. And we thank them.

**P11. No. 50.*****To Cure Sickness of Pregnancy.***

I have not failed once for many years, says Professor Parvin, by putting a blister over the fourth and fifth dorsal vertebræ, to put an end at once to sickness of pregnancy during the whole remaining period of gestation, no matter at what stage of the case I was consulted.—*Ex.*

[We publish this to condemn it. Some two years ago we had a case of intractable vomiting in pregnancy; and after trying everything that seemed indicated, and many other things that had been recommended, we applied a blister as above suggested. The blister grew as large as the palm of the hand, but had no more effect upon the vomiting than applications of warm water. It will fail you. In a most recent case, after blundering into all manner of expedients and suggestions, we gave *colchicum high* for the symptom; when she heard them set the table downstairs, three rooms away, it made her vomit. There seems to be nothing much better in this, as in other ailments, than the homeopathic remedy well selected and equally well given.]

***What Kind of a Homeopath Are You?***

There were three boys, all strangers to us, and one of them seemed to be their Sir Oracle. They chatted, as boys can, about a dozen topics in as many minutes. "What is the difference between a homeopathic doctor and another?" asked one of the boys. "Why," replied the next one, "a homeopathic doctor puts up his own medicine." "That aint it," said Sir Oracle; "any kind of a doctor might put up his own medicine." "Well, then, what is the difference?" inquired both of the others in one

breath. There was a moment's hesitancy—only a moment's, however, and Sir Oracle answered: "Well, you see, a homeopathic doctor is one who uses patent medicines mostly, medicines that are put up for him ready-made by some drug stores." And we wondered whether the youngster (who had just before boasted of reading "two library books in one day") had not got hold of a stray copy of Luyties' *Homeopathic News* and obtained his idea of homeopathy from its columns.—*Foulon.*

[Say, Brother, do you mean that Fareol-recommending Homeopathic journal? It has but one competitor, namely, the Pix-Creashole-Homeopathy recommender of Kansas City. So you see we have quite a number of kinds of homeopaths nowadays: the Modified Homeopath, the Combination-Tablet Homeopath, the Hermaphroditic Homeopath, the Androgynous Homeopath, the Homeopath (Limited), the Fareol Homeopath, the Pix-Creashole Homeopath, the Mupyon Homeopath, the Alternating Homeopath, and several others.]

### ***A Big Operation, but Don't Do It.***

"Under no circumstances should the curette be used by a novice in obstetric or gynecological cases." Thus closes an article in one of our exchanges. We have read similar cautions before; we have heard them more than once from lecture platforms; but what more are they, after all, than a poor version of the old rhyme:

"Mother, may I go out to swim?"  
"Yes, my darling daughter;  
Hang your clothes on a hickory limb,  
But don't go near the water."

How is the novice ever going to get beyond his novitiate, indeed how is he to go even thus far, if he is never to operate for the first time?—*Clinical Reporter.*

[As the boys used to say, "you're gettin' warm" in your remarks. First thing you know you will be accused of aiming your withering shafts at a prominent eye teacher who always wound up a lecture something like this: "This is a very important operation. I would advise you not to try to do it, but as soon as you recognize it, send it to a good specialist." But this was not Campbell of the St. Louis Homeopathic, who told us students that there was not an operation he showed or taught about the eye that the graduate could not, with reasonable care, do as well as he. Then there was another

very decided difference between these two eye men, namely this: that Campbell stuck to eyes and ears, and did not also treat coughs and clapps and corns if the patient happened so to be encumbered or infested.]

### ***Raising the Standard of Professional Education.***

Whatever may be done in the way of "advancing" medical education, to be successful, must be of a twofold character. First, some central authority, wholly independent of college influences, must formulate a course of study—practical, reasonable, without unnecessary fancy trimmings—and must have the power to enforce it, without fear and without favor. Second, that same authoritative board must prescribe the qualifications for matriculation in these colleges, and must have the power to see that its regulations are carried out to the letter. Any college caught in attempts at evading or disobeying the rules formulated by such a board can easily be brought to time by appropriate measures of discipline. Thus there would be established uniformity of requirements from matriculates in all medical colleges and a reasonable uniformity in the qualifications for practice on part of all medical graduates, rendering it perfectly feasible, as a logical sequence, to make the medical diploma, duly attested and registered, equivalent to a license to practice medicine throughout the territory of the United States.—*Pacific Coast Jour. of Hom.*

[And there you come very close to the Biggar idea of raising the Standard of Professional Education as shown several times recently in this journal. Thank you, Brother of the West—Dr. Arndt, you are waking the Pacific Coast with the ring of the true metal. We are glad to find an echo of our call for homeopathic helpers. We know that you know whereof you speak, because you have been in the thick of the fight, and are not deceived by the modern wearers of the priestly robes. Keep up the good work!]

### ***Globules.***

**Have** you paid your Hahnemann Fund subscription?

**Don't** forget the Rudolf at Atlantic City, nor the Pennsylvania lines to take you there.

**The Hahnemannian Advocate** appears in a new cover and color and type for February,

1899, and also with uncut pages. The former is a wonderful improvement on its former make-up and typology; the latter is a blamed nuisance.

**There** will be lots of fun at Atlantic City in addition to the lobbying for recording secretaryship by that trainload of Chicago doctors. There will be a banquet and music. Bathing and more bathing. Many excellent changes, too, in the business programme. Be sure and come early and enjoy a good holiday.

**An** intelligent patient of ours said the other day that her sister, a young lady of twenty-three, had had an operation done in Cincinnati on her head and the doctors found she had "must on the brain!" How about that, Courtly E. Walton?

**And** we men-people, lords of creation, we grand fellows who parade our dignity and importance on every occasion, suitable or made suitable—we, you, and us—are going to let the ladies build our Hahnemann Monument for us! Something ought to be done to us, and very hard at that. And One Woman!

**Examinations** of applicants to fill vacancies on the house staff of the Brooklyn Homeopathic Hospital will be held on April 19, and again on May 10, at noon, at the hospital, 109 Cumberland Street. Henry B. Minton, M. D., secretary of committee.

**The** American Institute transactions are now expected at any moment. Bide a wee with patience. It was a large and enthusiastic meeting at Omaha. A good deal of talking was said, and all that had to be written down and printed.

**Try** some of Guernsey's malandrinum for your smallpox-frightened patrons, especially in adults. With all the smallpox scare in Cleveland, we do not remember to have heard of a single case dying. What may be the reason for this? The vaccination, a mild form of the disease, or a mistaken diagnosis?

**The** Syracuse Homeopathic Training School has adopted a new uniform consisting of blue skirt and waist with white cuffs and white aprons. Thanks! Then they will no longer wear the tater-bug uniforms, starched and crisp like a sheet of foolscap paper. Glad that some one has done away with the stripes.

**The** March issue of *The American Medical Monthly* (homeopathic) is of unusual value to the homeopath. It is filled with good homeopathic articles and doctrine. Wonder what has become of the Baltimore Investigating Club form of homeopathy? We congratulate Brer Chandlee and his helpers for the excellent number.

**The** *Century Magazine* is preparing a series of articles by Admiral Sampson, entitled "The Atlantic Fleet in the Spanish War," which will be instructive and a fitting climax to some of the other articles which have gone before. In other ways the *Century* is still the same excellent monthly journal without which the American people would be sadly lost.

**And** *St. Nicholas* is the same, only more so. It never palls upon the taste of youth or adult. It is always filled with interesting stories in prose and poetry which hold the attention from start to finish. The illustrations are fine. It is one of the most charming children's magazines coming to our table.

**Dr. A. C. Clifton** of Northampton, the home of the Washington family (the English Homeopath who looks like Longfellow), has contributed his reminiscences to the *Homeopathic World* (London). It is the story of a busy life and of one of the pioneers of homeopathy in England. He signs himself "Retired." How many men have we in our American profession who have "retired"? There are a good many who have been "dead" for a long time past but are not aware of it, and so they still remain unembalmed. Dr. Clifton's "Retrospect of the Rise, Development and Progress of Homeopathy in Northamptonshire," is worth reading a second time. It is a plain unvarnished tale of an enthusiastic and energetic homeopath. We are proud to number Dr. Clifton among our personal friends.

**The** Utica Hospital is under the care of Drs. M. O. Terry, J. DeV. Moore, F. F. Laird, C. G. Capon, and A. R. Grant of Utica, and Dr. C. T. Haines of Whitesboro. Probably no hospital in the country has a better record in the treatment of appendicitis than this. Dr. Terry has had sixty cases cared for under his oil treatment from 1895 to November 1, 1898, without a

death. Of course these were all slight cases, or wrong diagnoses, or any other old thing charged by the knifers. Sir?

The Alumni Association of the Homeopathic Medical College of Missouri will hold their annual reunion and supper at the West End Hotel, Vandeventer Avenue and West Bell Place, St. Louis, on Wednesday, April 5, at 8.30 P. M. A large attendance is promised with an equally large amount of good cheer.

The Transactions of the Ohio State Homeopathic Society for the session held last year at Columbus have been printed and are upon our table. They are the handsomest Transactions ever issued by this State society during our knowledge of it. There is a fund of information to be found in this book. It is a credit as well to the members as to the secretary.

And now no one can tell where the next prominent citizen will break forth in our Saturday morning paper to testify to his exceeding gladness and thankfulness for the unparalleled benefit done his health and fortunes by the celebrated Pea-Vees-Nest treatment of his corns and seminal emissions. Wonder what these alleged great men get out of such a caper?

Some time since our esteemed contemporary the New York *Medical Journal* gave place and space to an article by a New York physician with illustrations showing that he made a useful invention called the "Potentor." Inquiry of the doctor elicited the information that someone in the same building with him, perhaps his brudder-in-law, was manufacturing the articles, and could be bought of him at that point at so much per piece. It would look as if the New York *Journal* had been made party to a clever advertising dodge.

Which reminds us to say that "The Phonendoscope," the title of a little book published by the manufacturers of the article itself, and sent to the journals for a book-review notice, is another clever way of securing a good free advertisement of the manufactured article for the manufacturers. So when we have at last perfected our High-Potency Combination Alternator we will write it up in fairly good shape, with illustrations, and put it in book form and send it as a book for book-review notices to the several

journals. Then we will get the Alternator directly into the profession without its advertisement costing us a cent. It's a wise scheme.

A recent newspaper item says that ex-Governor Tho. C. Fletcher of St. Louis has become paralyzed and his condition despaired of. And still only a very few weeks ago the governor's picture appeared in all the morning papers occupying a quarter column singing the praises of Pe-ru-na. Evidently he didn't take enough. We knew Governor Fletcher very well, and had every reason to believe that something had gone wrong with him when he saw his picture and testimony in the Saturday morning papers.

The Asheville meeting of the Southern Homeopathic Medical Association, which is to be held in October of this year, promises to be a wonderfully interesting and instructive one. Every effort is making to entertain the members and guests. North Carolina admits homeopaths only upon an allopathic examination: hence it behooves the profession to turn out in numbers and convince the North Carolinians that we are not dying out to any considerable extent. This applies to the Northern as well as the Southern homeopaths. Arrange to be absent about that time from your treadmill in order to take in this pretty place and its many attractions.

The Alumni Association of the New York Homeopathic Medical College and Hospital announces that Alumni Day and the Annual Banquet of the Association has been set for Thursday, May 4. Dr. Helmuth writes that a carefully prepared programme of the exercises is now being arranged by the faculty, and additional care is to be extended over all the named clinics, in order the day may be one of instruction as well as of social reunion. This college, in all it undertakes, whether homeopathically or socially, never fails of making a large success thereof. We wish we could be present to enjoy this reunion, for it will be the meeting ground of the best men in our profession.

Says Dr. Myron H. Adams in the New York State Homeopathic Society Transactions, p. 158: "How often it happens that the young and frightened physician will make haste to inform the consulting physician that he has in a brief space of time given all the usual remedies and

some unusual ones! To illustrate I cannot do better than to narrate the experience of the demoralized young homeopath who was called to see a case of acute hydrocephalus. After treating the case four brief hours he declared he must have counsel, and without any poetical intentions he informed his council that

“‘The first hour he gave aconite,  
The second hour bell.,  
The third hour bry., and  
The fourth hour hell.’”

**Professor A. F. Baldinger** of the Cleveland Homeopathic College banqueted the senior class a few nights ago at his residence. A little hospitality of this sort occasionally from some of the teachers of this and other colleges would be a wonderful clearer-up of the atmosphere for the students. But when a professor, with a well-known income and a reputation which depends upon his class in and out of college, pays but an occasional dollar to a public charity or hospital and is known to be closer than the bark on a tree and that all the rest, residue, and remainder is salted away against that time when paying clinics may not be so plentiful and remunerative as now, then there can be little feeling of amity between the students and that man. A teacher who treats his medical class as so many immature children who must sit straight and not whisper and always courtesy when he goes by, and who marks the examinations 61, 63½, 79, 59¾, and the like, is too much of a martinet to ever be a successful teacher or a popular professor, however great he may seem to be in other directions.

We are reminded by Dr. C. A. Weirick, one of the editors of the *Official Surgery Journal*, that we did an injustice to Dr. Pratt in a recent issue in that we ascribed an opinion to him which we clipped from the pocket of the *Official* editorial pages. This had our title “Without the Use of the Knife.” Dr. Weirick says that it has been well understood that all papers by Dr. Pratt appearing in this journal bear his signature or initials. It is evident that this was not familiar to us. Hence our mistake. Therefore to Dr. Pratt we tender our apologies, and put the blame on Dr. Weirick for his bloody-thirsty opinion. [In view of this we will leave sufficient space in our next issue to make a due

and ample apology to Dr. Weirick; but for the present the article as printed, with the correction herein made, must stand.]

The language of the next International Homeopathic Congress to be convened in Paris in 1900 will be French. Better, therefore, dust off your Ollendorff, or re-commit those ten easy Meisterschaft-System lessons. But don't run away with the idea that everything in France is French, or that no other tongue is spoken there but French. Those of us who attended the London Congress were most pleasantly surprised at the fluency of English indulged in by our French and Russian and German brethren. And this is especially true of Dr. Leon Simon, the president of the French Congress, and of Dr. François Cartier, who will, without doubt, be placed in some important station in this congress. So that if the formal language on the congress floor is French, there will be no trouble to make your wants and wishes understood. (Why not, brother Americans, go to that congress in such numbers, that, emulating the American political caucus, we could turn the congress into an American or English-speaking experience meeting? There were forty-three Americans at London last time. If we can double this number for Paris next year and add an equal or proportionate number of Englishmen and English-speaking Germans—we might have some fun. Say, but wouldn't that be great?

The Peptonizing Tubes (Fairchild) are an ingenious device by which peptonized milk and other predigested food for the sick can be extemporaneously prepared with the utmost ease and accuracy. Each tube contains a quantity sufficient for the peptonizing of a pint of milk. Each package is accompanied by complete directions for preparing peptonized milk, beef gruel, and other invalid foods. The importance of peptonized milk in serious febrile and wasting diseases cannot be overestimated, and this method by which it may be readily prepared merits a general adoption.

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# The American Homeopathist.

NEW YORK, APRIL 15, 1899.

FRANK KRAFT, M.D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



AUGUSTUS H. SCHOTT, M. D.,  
St. Louis, Mo.

## THE HAHNEMANN ANNUAL.

THIS is the title given a very, very handsome college souvenir (book) issued by the class of 1900 of the Cleveland Homeopathic Medical College. The Editor-in-Chief, Dr. James A. Black of Pittsburg, and his several associate editors, are entitled to a vote of thanks from all the classes, present and to come, for this artistic presentation and arrangement of the material at hand. The book contains upwards of 150 pages

with portrait-pictures of the professors and teaching corps, as well as of all the members of each of the classes. These portraits are unusually well done and clearly printed, and the grouping with the decorative accessories show that the work was done by someone with an artist's eye for handsome work and effects. In addition to the portraits the book is interwoven with sketchy descriptions of the teachers—some of whom give the date of their birth—and a history of the college from its inception. Some of the professors have contributed readable essays on medical topics and others with which they are most familiar. The classes have contributed their quota of history and prophecy, as well as of student witticisms and some pen drawings. Again we say this is a very handsome book, and an honor alike to the editors as to the teachers and classes and college.



## THE INSTITUTE TRANSACTIONS.

AS usual, our General Secretary, Dr. E. H. Porter, has presented the membership and profession with a compact and concise volume reporting the work of the Omaha session and embodying all the papers offered at that meeting, and some that had not appeared in former issues. It presents a very business-like appearance, is well bound and printed, like its immediate predecessor volume. It takes a good deal of thought and close work to keep the transactions of so large a body as the American Institute within the bounds of one volume. It bespeaks great care and good judgment in the pruning process. We have not heard aught but praise of this latest addition to the History of American Homeopathy. Last year our worthy general secretary was enabled to save over one thousand

dollars to the Institute on the preparation and printing of the Transactions, and we have every reason to believe that the same business skill has dominated in this issue.



#### THE OHIO STATE UNIVERSITY.

FROM the Columbus *Despatch* of March 23, we learn that Dr. H. F. Biggar of Cleveland and Drs. M. P. Hunt and W. B. Carpenter of Columbus called upon President Canfield of the Ohio State University, having relation to the homeopathic medical department proposed for this university. They urged an advance in the general and special requirements both for practitioners and students. They expressly desired that the university establish an absolutely complete and independent medical college on the campus, broadly recognizing the great schools of medicine; and they believed that funds for this purpose could be secured, even to the amount of a million dollars.



#### HOMEOPATHIC PROGRESS.

"The Denver Homeopathic College and Hospital are now nicely housed in a new building beautifully situated: the college occupying the lower floor and basement; the hospital, the second and third floors with accommodations for forty patients. This is the result of the concerted action of a harmonious profession. All honor to the homeopaths of Denver."

This is what the Minneapolis *Homeopathic Magazine* says: and so say we all of us. We also learn, from another source, that our honored Institute President, Dr. B. F. Bailey, will attend the graduating exercises of this homeopathic college and take a prominent part therein. We congratulate the Denver folks both upon its college and hospital and its happiness in enlisting the good offices of our president. When he speaks it is to a purpose, and that purpose real, old-fashioned homeopathy!

While upon this subject we are reminded that our Far West brethren, the Californians, have broken ground and started in to build a handsome college and hospital building in San Francisco. The reports from Kansas City of the success there of the school, and the same from St. Louis, augur the very best for the permanence of homeopathy. And when we say

Homeopathy we mean the HAHNEMANNIAN kind, which teaches a student, throughout his whole attendance upon a homeopathic college, how to take a case homeopathically, and prove the dominance and betterness of homeopathy by the results obtained. And we do not mean a death-bed repentance affair—that kind of homeopathy which is limited to the first fifteen pages of *Dewey's Essentials of Homeopathic Materia Medica*.



#### Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M.D., 110 West 12th Street, New York.

References in this department are made by number. See issue of January 1 or December 15 of each year.

#### *Echinacea in Blood-Poisoning.*

Ellingwood in his *Materia Medica* and *Therapeutics* says: "Echinacea is the remedy for blood-poisoning, if there is one in the materia medica. Its field covers acute auto-infection, slow progressive blood-taint, faults of the blood from imperfect elimination of all possible character, and from the development of disease germs within the blood. It acts equally well, whether the profound influence is exerted upon the nervous system, as in purpural sepsis and uræmia, or whether there is prostration and exhaustion, as in pernicious malarial and septic fevers, or whether its influence is shown by anæmia, glandular ulceration, or skin disease.

"It is especially indicated where there is a tendency to gangrenous states and sloughing of the soft tissues, throat dark and full, tongue full, with dirty dark-brown or black coat, in all cases where there are sepsis and zymosis.

"It undoubtedly exercises a direct sedative influence over all of the fever processes in typhoid, cerebro-spinal meningitis, malarial fevers, asthenic diphtheria, etc.; for while it equalizes the circulation, it also acts as a sedative to abnormal vascular excitement and lowers the temperature, if this be elevated, while, if this be subnormal, the singular effect upon the vital forces conspires toward a restoration of the normal condition.

"As a sedative it is comparable in some respects with baptisia, rhus, and bryonia."

***Hydrobromate of Hyoscine in Typhoid.***

Dr. Colwell<sup>1</sup> treated a case of typhoid in which delirium and jactitation were very marked. After failing with several remedies, he tried hydrobromate of hyoscine 2x and later 3x, and the good effect was manifest very rapidly.

***Aesculus in Hemorrhoids.***

According to "the horse chestnut is growing in repute in France for affections of the anus. In addition to the hemorrhoids for which we have long valued it so highly, it appears capable of subduing the irritation caused by ascarides, and effecting their expulsion.

***Myrica Cerifera; Nux Vomica and Lycopodium; Chelidonium: Action on Liver.***

Dewey<sup>14</sup>, Chelidonium.—The liver symptoms of chelidonium are very prominent. There are soreness and stitching pains in the region of the liver, but the keynote for this drug in hepatic diseases is a pain under the angle of the right shoulder blade; there are swelling of the liver, chilliness, fever, jaundice, yellow-coated tongue, bitter taste, and a craving for acids and sour things, such as pickles and vinegar. The stools are profuse, bright yellow and diarrhetic; they may be clayey in color. It is a remedy to be used in simple biliousness and in hepatic congestion or inflammation. The character of the stools will distinguish bryonia.

Taken altogether, chelidonium is perhaps our greatest liver remedy; it causes the liver to secrete thinner and more profuse bile than any other remedy, and it is a useful remedy to promote the expulsion of gall stones. In simple catarrhal jaundice it is often all-sufficient. It affects the left lobe of the liver much less than does *carduus marianus*.

*Myrica Cerifera*.—*Myrica* is an important liver remedy. There is first despondency, then jaundice due to imperfect formation of bile in the liver, and not to any obstruction, comparing here with *digitalis*. There is dull headache, worse in the morning; the eyes have a dirty, dingy, yellowish hue, the tongue is coated yellow. The headache is worse in the morning. The patient is weak and complains of muscular soreness and aching in the limbs; there are slow pulse and dark urine. It is more superficial in action than *digitalis*. The jaundice calling for

its use is catarrhal, since this is the form produced by the drug. The throat and nasal organs are filled with an offensive and tenacious mucus.

*Nux Vomica*.—In liver affections occurring in those who have indulged to excess in alcoholic liquors, highly seasoned food, quinine, or in those who have abused themselves with purgatives, *nux* is first to be thought of. The liver is swollen, hard, and sensitive to the touch, and pressure of clothing is uncomfortable. Colic may be present. Jaundice induced by anger also calls for *nux*; also jaundice from abuse of quinine, in the former case reminding of *chamomilla*, which is an excellent remedy for biliousness of nervous, irritable women.

*Lycopodium*.—*Lycopodium* acts powerfully on the liver. The region of the liver is sensitive to the touch, and there is a feeling of tension in it—a feeling as if a cord were tied about the waist. Cirrhosis: The pains are dull and aching, instead of sharp and lancinating, as under *chelidonium*. Fullness in the stomach after eating a small quantity. There are no real icteric symptoms, but there is a peculiar sallow complexion.

***Calcarea Carb. in Seborrhoeic Eczema.***

C. D. Collins, M. D.,<sup>3</sup> reports the following case.—Miss B., a private patient aged ten years, blonde and plump, looked well in every way, and had a good family history. This little patient came to me August 15, 1898, with a skin lesion covering the left side of the head, scalp, and ear, especially back of the ear and down the neck. The trouble had existed for five or six years with but slight changes. A sero-purulent exudate oozed from the affected surfaces, which would dry down into a thick and greasy crust. Upon removal of this crust a pale pink, thickened, and oozing base could be seen. Itching was present, but it was not intense. The outline was irregular, and the patch was about equally divided between the neck and the scalp.

The treatment consisted of *calcarea carb.* 30. The affected parts to be sponged once a day with hot borated water, and a cold salt-water splash bath for the whole body as a general skin tonic. The cure was complete in four weeks, with no evidence of any return of the trouble.

**AN UNDELIVERED PLACENTA.**

By GEO. G. LYON, Mobile, Ala.

SEVERAL years ago I was hastily summoned one morning at 5. A. M., to the aid of an ignorant old midwife. When I entered the room I saw her dressing a baby, and when I asked her what was the trouble, she said: "The afterbirth has not come, and the woman keeps on having pains." I examined her and found the head of another fetus—I told her to prepare for another baby and left. I hadn't been gone more than an hour when I was called again. When I returned I found the placenta hadn't been delivered, and the woman had flooded until she was well-nigh exsanguinated. She had no pulse and was covered with cold sweat. The hygienic surroundings were as poor as it is possible to imagine, and I hadn't time to even wash my hands. I gave *secale* and *china*, alternately every five minutes, and introduced my hand into the uterus, which I found as relaxed as a dishrag. The placenta was adherent and very difficult to pull off on account of the relaxed condition of the uterus. After I peeled it off and delivered it, I was surprised to find the other cord projecting from the uterus. I went in again, and placenta No. 2 was also tightly adherent to the other side of the uterus. I brought it forth, and then kneaded the uterus with my left hand while I broke off all clots with my right still in the uterus. The uterus contracted down nicely, and my *secale* and *china*, which I kept up regularly every five or ten minutes, soon brought her around. The remedies were given in water in teaspoonful doses—10 drops of each, in glasses half full of water. The placentas were both the largest I ever saw, and when I got the first one it was so large that I did not expect to have to go for another equally as large. The patient had no further trouble and made a good recovery.

**HOW I MANAGE MY CASES.**

By SUSAN M. HICKS, M. D., Atlanta, Ga.

I N fifteen years I have had a fair share of obstetrical work, though not by any means a large practice of this kind. During this time my success has been such that, if I had had any predilection for this kind of work, I would have

been very much in love with it. I have had in all three instrument cases. One a woman of thirty-five, who weighed two hundred pounds, with first child, and where after fifty-two hours the child was born dead; second from uterine inertia fourteen hours, child and mother all right; third a woman with fourth child, three of whom were taken, one being small enough to come normally through her contracted pelvis. I have never had an abnormal presentation of any kind. I have never had a case of puerperal fever, and never but one case of mastitis—that a Christian Scientist, who could not take cold, and foolishly exposed herself.

When a woman comes to me to attend her I inquire into her general condition of health, prescribe for any abnormal condition that may exist, as I would for any other woman; if there is any evidence of kidney trouble, I examine the urine. Counsel plenty of fresh air, exercise, simple nourishing food, and plenty of fruit. I have tried a fruit diet, but have never been able to trace to its use some of the results claimed for it. I advise my patients to eat fruit, cereals, etc., because their habits become usually more or less sedentary and much meat makes them nervous, irritable, and they do not sleep so well. About six or eight weeks before the expected confinement I advise hot hip-baths on going to bed, if for no other reason, because it quiets and soothes and make them sleep well. About this time I also begin to give two or three doses per day of *puls.*, *cim.*, *caul.*, as they are indicated by the temperament and symptoms of my patient. I usually go to see my patient occasionally, to see that no untoward symptoms arise without my knowledge. If she is at all despondent I say, and do, all I can to keep her courage up, prescribing incidentally for any condition that needs correcting. We come to the critical time. When called I always go at once, assuming my most cheerful and confident manner. Ask about her symptoms, make an examination to ascertain the stage at which labor has arrived. If labor has really begun, ask, Have the bowels been evacuated? If not, order an enema. Have you had a hot bath and vaginal douche? If not order one at once—see that bed is properly prepared. Order in addition something I never have found in but one house—but an article

that has given great comfort to patients and convenience to myself. A large pad about a yard square, made of a number of newspapers, and covered with old soft material, or absorbent cotton and cheesecloth, sewed well together, and placed under the patient, will absorb all or a great part of the fluids and catch the secundines, all of which can be removed together, leaving the patient dry and warm, without moving. Now we are ready for the business of the day. As long as there are no complications, let Nature have her way. She had carried on this business long before you or I began it. Let me cite a case: a physician whom I know was called to a case. He had been notified some time before that he was expected to attend it, he came in hurriedly, made an examination, said, "As you are not ready yet, I'll be back after a while"; returned in a couple of hours, made another examination, said impatiently, "Here, I want you to get through with this by twelve o'clock. I've got other matters on hand." Called for a large quantity of hot water, applied an incessant stream to the os, and he did get through by 12 A. M. with a ruptured cervix—and soon got through with the family, for the woman no sooner felt herself safe than she decided to no longer endure his impatient manner. Hot water may be and often is useful in these cases, but don't let the patient think you are using it for your own benefit. As the labor goes on watch carefully for any symptoms or complications that may arise. A dose of puls. sometimes "to make the pains do more good," a dose of coffea to quiet the nervous condition, for she is almost sure to come to the place when she "just can't endure it another minute"; a dose of gel. when dilatation does not progress as it should; or a dose of bell., if parts are hot and dry and os contracted. When the second stage fairly sets in the woman will settle down to business. When the pains become harder, and it is not contra-indicated, I give chloroform—usually letting the woman have it herself. If she loses consciousness, I take it from her. I can watch it better this way than when I rely on someone who knows nothing about it to give it. Time and labor go on and the child is born. If it cries all right turn it on its right side, clear the mouth of mucus and wait for the cord to stop pulsating.

If at the end of fifteen or twenty minutes it does not stop, cut it any way. After tying in two places, cut between them. Remove the baby, wrap warmly, put it near the fire. I find babies who do not get chilled the first few hours they live do not have colic, often. Leave the baby lying on its right side and give attention to the mother. With left hand over the uterus, slight traction on the cord with the right; using Credé's method. The placenta soon comes; if it does not, insert the right hand and remove it, put one hand in, the other on the outside until contraction is firmly established. Give a half or a teaspoonful of ergot, remove from the bed the "pad," apply warm cloths, and let my patient be comfortable. Of course, if there is any laceration of the perineum, this is the time to repair it. I have not often had one. If Nature takes her own time, and does the work herself, she does not make "tears" often. Wash the baby's eyes, carefully wash his mouth out, give him a thorough bath of warm olive oil, dress the cord with absorbent cotton, and put a few clothes on him; put him to the breast. Fix now a few doses of arnica 3x and acon. 3x to be given the mother, a teaspoonful every hour, and leave mother and child to the rest that only a mother knows and appreciates. I never leave my patient under an hour and a half or two hours; see her again in from ten to sixteen hours—and never let her think she is from under my surveillance for two weeks—though I only go as often as I think it necessary. Dr. Dunster at U. of M. said to us "never take a case to which you cannot afford to give two weeks' care." I have found that it pays in the long run. Do not think I am not expecting and am not prepared for emergencies, I am always expecting "my luck to turn."



#### HOMEOPATHIC ENDOWMENTS.

THE Minneapolis *Homeopathic Magazine* says that the endowment fund of Hahnemann Hospital, Chicago, has just received a bequest of \$32,000. We congratulate you from the bottom of our heart, brethren of Chicago! Recent advices from Boston go to show that the same good fortune has befallen the Boston University School of Medicine and the Massachusetts Homeopathic Hospital. Looks remark-

ably like Homeopathy Is Dying Out in some quarters. Sir? Pity the profession at some other points cannot bury its personal grievances and unitedly move on millionaire patrons for bequests and endowments. But so long as an extremely narrow self-interest, and not the larger interest of the homeopathic school, dominates, just so long will those referred-to points have to worry along on the endowment secured in the long ago, and upon the fees squeezed out of students. Certainly it is matter for deep humiliation for a school appealing to a wealthy man or woman for aid to be told that its students are not being properly taught; and that because thereof they are passing over to the old school for instruction. Business men and women with overflow fortunes are in no hurry to endow institutions which may already be seeded for dissolution.

A homeopathic college should teach homeopathy from every chair! This does not mean that every moment of the semester shall be occupied in contemplating the marvelous and miraculous things done by the extreme high potency. It does mean that an accredited homeopathic teacher who so far forgets himself as to teach a distinctly antagonistic and absolutely unhomeopathic doctrine in an alleged homeopathic school should be thrown out of that school, heels over appetite, and p. d. q! Men of that class have destroyed the prestige of our school; they have made it a mockery in the minds of our young men; and they have made it absolutely useless to appeal to wealthy men and women for assistance. Long ago we heard that a Cleveland multi-millionaire promised to do something handsome for the homeopathic school as soon as they got together and buried their differences. We now know of one estimable old lady in that city who is now and has for years been under homeopathic treatment: but who, because of the disunion and strife in the homeopathic ranks, tells her homeopathic attendant that she has willed all her property to an allopathic (charity) hospital in New York State.

If we [this editor] are still engaged in "slandering" the homeopathic colleges, pray call up your student who has just returned home to you, Mr. Preceptor; let him show you his note-books in evidence of the homeopathy he

has NOT got, and the number of allopathic formulæ he has carefully salted away for future use. Let him tell you what he knows of the Organon, and how many lectures he has listened to on homeopathy. The medical man who, in this day and age, is not able to practice "both ways" is an illiberal fanatic; a worshiper of ancient idols: an unprogressive churl! Oh, certainly! To be truly good one must now be both Jew and Christian. That's the true pathos and sublime of human life! Rational Medicine is the new definition of modern homeopathy as laid down by pseudo-homeopathic, calomel-recommending teachers. When we return to honest homeopathy and cease being good-lord-good-devil colleges we can once more hope for popular recognition. But not until then!



### "MEDICAL SOCIETIES." \*

By CHESTER E. CAMPBELL, M. D., Grafton, O.

WE have assembled this evening to enjoy the fellowship of the Palmar Arch; and it seems appropriate that on this occasion something should be said in regard to medical societies in general—their origin, evolution, and their present status and purposes; their uses and abuses as we now observe them.

Men engaged in the same pursuits and interested in the same subjects have in every age and country been drawn together for purposes of mutual interests and advantage, and have organized themselves into societies for the advancement of their mutual purposes.

That this should be so among physicians is pre-eminently proper. The practice of medicine involves many burdens, both physical and mental. The cares and responsibilities of this arduous calling require the outlet that can only be found in the fellowship and cordial sympathy that one can receive from one's fellows in the craft. Moreover, the life work of the general practitioner of medicine tends strongly to isolation, to self-sequestration, to an overgrown egotism, which are calculated to narrow, to warp, to distort one's nature. When one is constantly engrossed with one's own labors, his own courses of thought and methods of action assume abnor-

\* An address delivered before the "Palmar Arch" of Cleveland.

mal proportions in his mind. He comes more and more to feel that his thoughts and ideas are the correct ones, that his ways are *the* ways, and he comes to look upon the work of others with distrust or indifference, just in proportion as it differs from his own. Satisfied with his own methods, he loses the incentive to seek improved ones, and to put forth his utmost endeavors to keep abreast of the times, and to adopt into his practice the great advancements that are daily being made in the knowledge of disease and remedies. Before he realizes it he has become a veritable Rip Van Winkle, with "witch knots" in his hair and moss on his boots. Familiar objects have passed away, and he finds himself like a man riding on the cars with his back to the engine—who only sees that which is past. The remedy for this is to be found in the medical societies. The coming together with one's fellows in a friendly, honest, cordial meeting; the hand clasp; the looking into one another's faces; the fraternal intercourse—all go to impress one that he is an integral part of a great body of philanthropic men engaged in the beneficent purpose of ameliorating human ills. He listens with respectful attention to the views of others, however antagonistic they may be to his own. He engages in a candid and open discussion of the proposition submitted, and he goes home convinced of at least one great truth—"that there are others." He brings to this altar his own perplexities, his own uncertainties, his own trials, and he goes home comforted in the sympathy and encouragement of those who alone are able to appreciate his difficulties. By such an intercourse the sympathies are kept alive, the heart young, and one's nature broadened and deepened and enriched. Paul says to the Philippians, "Look not every man upon his own things, but every man also upon the things of others." For this reason we should bring our best work into the society, that each may by "looking upon the things of others" be broadened in his views of professional work.

While the first place is assigned to the social side of the medical society, it is not by any means designed to belittle the scientific side. The scientific work done in the medical societies is often of the highest order, and many of the most valued discoveries in medical knowledge

have first been made public through its instrumentality. But that this side of society work is not all that it should be must be regretfully acknowledged. If everyone would bring to the society meetings the products of his best thought and labor, and candidly and *truthfully* make known his results, the sum of medical knowledge would be greatly increased. But the tendency to suppress some things, and the still more inevitable tendency to magnify other things,—to use a stock-broker's phrase, "to water one's stock,"—throw a shade of unreliability upon society case reports that greatly detract from their value.

The medical society, as we now find it, is the product of an evolution that extends back to the days of the guilds in England. We see there the physicians' guild and the guild of barber-surgeons contending heroically for their respective rights along the ill-defined border-line that has ever separated the practice of medicine and surgery in that country. Their battles were fierce and long-fought, sometimes one and sometimes the other prevailing. The physicians' guild at one time secured an Act of Parliament restraining surgeons from prescribing medicines to their own surgical patient, an act so manifestly unjust that it could not long endure. But the most important influence exercised by the guilds was the fact that membership in them constituted a license to practice. The guilds still exist in England—not as guilds, but as the Royal College of Surgeons and the Royal College of Physicians, and they are still licensing bodies, and exercise the highest influence upon the character of the profession in Great Britain and the world. Much misapprehension exists in the minds of Americans in regard to these societies, many looking upon them as teaching bodies. This is not at all true in the ordinary sense of teaching, but the students are taught in other institutions and then come up before the Council of the Royal Colleges for their degrees and license to practice.

On this side of the Atlantic medical societies have in some instances exercised the licensing power. This is true of the State of Ohio. On February 24, 1824, the legislature passed an act entitled "an act to incorporate medical societies for the purpose of regulating the practice of

physic and surgery in the State." Extracts from this act read as follows :

"Whereas, well regulated medical societies have been found to contribute to the diffusion of true medical science and a correct knowledge of the healing art ; therefore, be it enacted, etc.:

"1. That this State be and the same is hereby divided into twenty medical districts, for the organization and establishment of medical societies, etc.

"5. That there shall be elected in each of these societies not less than three nor more than five censors, whose duty it shall be carefully and impartially to examine all students in physic and surgery who may present themselves for that purpose ; and to report in writing their opinion of the qualifications of such students to the president of the society ; and the president shall thereupon give to each student so examined, if the report so recommend, a license under his hand and the seal of the society, countersigned by the secretary ; which license shall authorize the person obtaining the same to practice physic and surgery, or both, as shall be set forth in said license in any part of the State, etc.

"11. That no person other than members of said medical society shall be permitted after the first day of July next to practice physic or surgery in this State," etc.

This law remained in force till February, 1833, and was the only law regulating the practice of medicine down to 1868. It constitutes a curious chapter in the history of the evolution, both of medical societies and medical legislation. That such a law would fail of its desired purpose anyone familiar with the sentiments and feelings of the American people might easily foresee.

A generation ago all that remained of the legislative functions of the medical society was the adoption of a "fee bill" (which the members pledged their sacred honor to abide by, and then violated upon the first occasion) and an attempt to regulate consultations, or rather to prohibit consultations with irregulars. It was said that the older and well-established doctors were always willing to enter in a "fee bill" with the younger practitioners for the advancement of prices, and to refuse to consult with "irregulars" was the "shibboleth" of the high-priest of medical ethics. Even these last vestiges of leg-

islative power have passed unregretted away. The absence of disciplinary power rendered the execution of such regulations futile. They have now passed as completely out of the life of a medical society as the "days before the flood," and only live in the memory of "the physicians of the old school." Now one charges what he thinks he can get, and if there is any protest it comes from the patient, and is because the bill is too large and not too small ; and one decides for himself, as he must other questions of right and propriety, whom he shall meet in consultation.

While the medical society has lost or abandoned all pretensions to legislative and disciplinary power it has gained much in other directions. It has assumed its true place as the promoter of good fellowship, fraternal feelings, high professional standards and ideals, and the advancement of medical knowledge. That these high aims are not always attained must be admitted. Human nature, which is too often marred by selfishness, greed, self-glorification, and bombast, frequently shows its worst side in the halls of the medical society, as it does everywhere else where men congregate ; but even when it does, it is soon forced or shamed into assuming a more modest and less offensive manner, and the refining and softening influences pervading the atmosphere at last produce to a greater or lesser extent their elevating effects.

From the prospectus of the Palmar Arch, I take it that it was in this spirit of fraternity and advancement that this society whose guest I am this evening was organized, and I assume it is in this spirit that it exists. You come up to your place of meeting to greet, to cheer, to aid, and encourage one another ; and you go away with higher ideals, with lofty ambitions, with a broader and livelier comprehension of the grandeur and dignity of that profession of which we are integers, whose aims are so high, whose objects are so far-reaching. May you long continue to assemble yourselves in this fraternal spirit, and may you realize some at least of your higher ideals !

The usefulness of medical societies should and easily might be greatly increased. Every medical society should be organized into a "Physicians' Protective Association" for the



protection of its members from impostors, slanderers, blackmailers, and malpractice suits—an association that would defend its members against attacks upon both their reputation and their purses. Such an association has existed quite a number of years in London, and numbers in its membership many of the most distinguished medical men of Great Britain. By the payment of a small fee annually the society is enabled to protect its members from the horde of cormorants that delight to find the doctor an easy prey. And it not only defends its members against serious attack, but it defends them against those trivial annoyances that come from gossip and scandal. Many times these petty, hectoring annoyances make life and its burdens harder to bear than the serious trials of life. Then, when some cantankerous old gossip turns her tongue loose against the doctor to blight his reputation, injure his business, and make life miserable, a notice from the association's attorney causes her to "shut up" with a promptness that she never experienced before. (When I say "her" I mean old women of both sexes.)

In addition to this, medical societies should unite to secure wholesome legislation for the protection of physicians' interests. At most, every calling and vocation has its protection. The mechanic has his lien, the hotel-keeper may hold his guest's baggage for his bill, the manufacturer has the protective tariff, and the laborer his trade unions; but the doctor is the victim of every scamp and dead-beat that marks him out. The doctor has always been active in securing legislation to protect the people from the "quacks" (and little thanks they have received for it). Now, if they would unite in securing some just legislation to protect themselves, they would show their wisdom. The physician is less able to protect his own business interests than anyone else. He goes to the call of distress whenever it comes and wherever it comes from; and he stops not to inquire into the question of compensation. Should he do so he would be denounced by everyone as a monster. He takes his pay in what he can get and when he can get it, and often that is in ingratitude and abuse. A united effort of the medical societies might bring about laws that would largely remedy these evils and make the doctor's

lot far happier and more prosperous. But this may be utopian. In the meanwhile we are here, in the midst of conditions that exist. One of those conditions is the medical society as we now find it. Let us attend it with regularity, contribute freely to its exercises, do our best to cultivate and maintain its fraternal atmosphere, with a high regard for the feelings, the interests, and the reputation of others.

In conclusion, I desire to extend to the members of this honorable society my thanks for the opportunity of joining with you in celebrating this your first anniversary. May your high ideals be realized! May you emblazon on your banner true fraternity, and every member within its ranks adopt it as his motto and stand by and defend it as he would an unjust assault upon his honor. The brotherhood of physicians within your ranks would then be a living example and guiding star for others to follow.



#### THE ANN ARBOR WAY.

THIS, it seems almost needless to add, is not "both ways." They are teaching homeopathy in that school from the word "Go!" The latest evidence of the success of the policy inaugurated by the Ann Arbor Big Four is in the winning over to their side of Dr. D. A. MacLachlan of Detroit. This prominent specialist was for years a bitter opponent of the homeopathic department remaining on the campus at Ann Arbor. That he was honest in his antagonism, those who knew him best, and admire him most, will admit, since he had been himself a professor in that school. Having been witness of what he believed to be the decadence there of homeopathy, when at last he was placed in position to do so, he fought the retention of the school at Ann Arbor. That his point of view may have been obscured by his personal interest, or his friendship for those in command (who seem to have been the prime cause of the troubles for years), may also and with safety be assumed. He proved to be a good tactician, a famous leader, and a consistent and hard fighter. For a time he kept the legislative pot hot. Eventually, like every other clear-seeing homeopath and friend of homeopathy, he failed not of noting that the threatened disruption at

Ann Arbor failed to disrupt; but that, on the distinct contrary, under the new management, the school had put on such life and vigor that it is now justly become one of the strongest schools in the school. Its class has quadrupled; its hospital is filled to the doors, and more room imperatively demanded; new interests have been inaugurated,—trained-nurse school, laboratories of various kinds, the annual practitioners' course, etc.,—until Dr. MacLachlan, like every other friend of the school, and like an honorable man, has gracefully receded from his former point of view, and is now at one, heart and hand, with the rehabilitated college at Ann Arbor. In recognition of this manly act, the profession of the State has urged and succeeded in having him appointed upon the State Board of Health, whereat everyone who knows him will unite with us in rejoicing, because he will bring to the successful administration of that honorable office all his well-known force and ability. We congratulate the profession of Michigan, the Ann Arbor School, and Dr. MacLachlan for this happy conclusion of a once fiercely waged war.

#### POOR HOMEOPATHIC TEACHING.

SOME part of the laxness in teaching and practicing of modern homeopathy may be traced to the fact that it was very much the custom in the immediate past, as it is still in some few of the colleges, to turn any likely young man loose on the materia medica portfolio. The study of homeopathy itself was rarely considered, because of the belief that "Materia Medica is the Cornerstone of Homeopathy." But for surgery, gynecology, obstetrics, and the other *important* chairs, why there, bless your heart, there the faculty voted to put a strong man, a man of experience and reputation, and a teacher who could teach. Therefore, to-day we are enjoying the fruit of that bargain-counter policy; for the students soon saw that indifferent teachers, young men, new men, or men with high-potency fads, and moonshine-on-a-shingle theories, but no practice, were assigned to the materia medica chair; while specialists and up-to-date men were put into the preponderating number of the faculty chairs. They soon caught the humor of the little high-

potency man, or the calomel-prescribing homeopathic materia medica teacher trying to show that anything could cure a cough but inhalations of Bunyan's Balm of Buchu; that a headache could be cured with anything but spectacles; that a convulsion was amenable to anything but divulsion of the rectum; that the Deacon-variety of urethritis could be touched by anything but a quiverful of graded steel sounds; or that appendicitis might be relieved without ripping out the little curl-e-cue and then consigning the late owner of the same to his little earthy tabernacle, six feet due east and west and six feet perpendicular. If the colleges want to save homeopathy to the world they must change their course of teaching materia medica. The reading of weary, dreary manuscript will not longer hold the class. Homeopathy, as well as materia medica, should be taught.

#### TAKING THE CASE.

OUR alma mater, the Missouri Homeopathic Medical College of St. Louis, issues an advance sheet of its Forty-second Annual Announcement, which contains, with most commendable brevity, all the salient points of that forthcoming larger pamphlet. This is another *homeopathic* college without frills or ruffles. It is to the fostering care of this mother that we are indebted for the homeopathy which we have imbibed and which in our peculiar way we are trying to keep before the homeopathic world. It was here we listened to homeopathy and its application to the sick. Since our time some others have taken place in the college chairs, but many of the old teachers are there still, and the new ones are of the same order as the old—stanch and homeopathic. Among other advantages promised is this (taken from the advance sheet): "The clinics will be conducted in the presence of the class, which will thereby become thoroughly drilled in the art of 'taking a case' as well as prescribing the indicated remedy." And how many of our colleges do this very thing! They send the class to a dispensary which may be in the charge of an assistant told off most likely from the senior class, or a last year's graduate. The remedies are ladeled out with generous hand and upon

assumed characteristics. But the careful taking of the case, as the homeopath needs to know how, is not taught. This is true also of the hospital and the college clinic. To sit in the top row of the amphitheater, and hear some assistant down in the cock-pit ask a few Hering-card questions, and then prescribe rhus or strychnia on general principles is not teaching him how to take a case.



### QUESTIONS AND ANSWERS IN MATERIA MEDICA.

Prepared by EDWARD FORNIAS, M. D.,  
Philadelphia, Pa.

Give the intermittent fever of *natrum mur.*

Chill commencing at 10 A. M., with great thirst, drinking often and much at a time. (Ars., often and little.) During heat violent headache. Dry tongue and ulcerated corners of the mouth. Old, chronic, badly treated cases.

What is the morning sickness of *natrum mur.*?

In obstinate cases, with loss of appetite and taste. Water-brash and much acidity of the stomach. Always awakens in the morning with headache, and has heartburn after eating. Feeling of great hunger, as if stomach were empty, but no appetite.

Give menses of *natrum mur.*

Delayed, and grow more and more scanty (puls.). Very sad and gloomy during the flow, with palpitation and morning headache. Pressing and bearing down, as if everything would come out of the vagina. (Bell., plat.). Periodical headaches, worse during menses.

What are the stools of *natrum mur.*?

Constipation, stools hard, dry, crumbling, very difficult. (Am. mur., mag. mur.) Diarrhea, stools thin, watery, with colic. Excoriating diarrhea, like water, only in the daytime. (Petrol.)

Give the fever of *gelsemium.*

Fever without thirst : wants to lie still (bry.) : "goose flesh" over whole body. Paralytic inability of voluntary movements. Chill followed by heat and later by sweat. Cold hands and feet.

Give the cerebro-spinal meningitis of *gelsemium.*

Dull pain in the occiput. Feels as if intoxicated. Ptosis. Double vision and dilated pupils. (Bell.) Complete loss of muscular power. Head drawn back and to one side. Pulse very feeble.

Give the uterine symptoms of *gelsemium.*

Rigidity of the os (bell.). During pregnancy violent pains in uterus, and semi-lateral headache.

Give tongue and mouth of *nux moschata.*

Greatly troubled with dryness while sleeping. Always awakes with very dry tongue, but without thirst. (Puls.)

Give menorrhagia of *nux moschata.*

Blood thick and dark (crocus), with great pressure from within outward, abdominal bearing down, and drawing into limbs.

When is *pulsatilla* indicated in indigestion or other gastric troubles?

When the stomach becomes disordered from cake, pastry, rich food,—especially fat pork, Fat always disagrees. Diarrhea with varying stools; no two stools alike. Thirstlessness characteristic.

Give the coryza of *pulsatilla.*

Fluid or dry, with loss of smell and taste, sore nostrils, later a yellowish-green discharge. (Bland, never irritating or corroding.) Better in the open air, worse on retiring to a close and warm room.

What is the character of the *pulsatilla* pains?

Erratic, wandering pains, shifting rapidly from one place to another. Drawing and tearing.

Give the sleep of *pulsatilla.*

Wide awake in the evening—does not want to go to bed—first sleep restless—sound sleep when it is time to get up; wakes languid and not refreshed. (Compare *nux v.*)

Give the mental symptoms of *pulsatilla.*

Mild, gentle, and yielding disposition; tearful, sad, and desponding. Everything makes her weep. Can hardly give her symptoms on account of weeping. Irresolution.

Give the menses of *pulsatilla.*

Too late, scanty, or suppressed, particularly by getting feet wet. Menstrual colic, with great restlessness, tossing in all directions.

What is the character of discharge from mucous membranes in pulsatilla?

Thick, ropy, yellow, bland, non-irritating. (Compare with ars.)

When is rhus tox. indicated in injuries?

When the trouble is due to spraining or straining, lifting; particularly from stretching arms high up to reach things. Pains as if sprained.

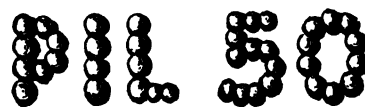
### Book Reviews.

**MATERIA MEDICA, THERAPEUTICS, AND PHARMACOGNOSY.** By FINLEY ELLINGWOOD, M. D., Professor of Materia Medica in Bennett Medical College, Chicago, editor of Chicago *Medical Times*, etc.; with a condensed consideration of Pharmacy and Pharmacognosy by Professor JOHN URI LLOYD, Ph. D., late President of American Pharmaceutical Association, Professor of Chemistry and Pharmacy in Eclectic Medical Institute of Cincinnati. Published by Chicago Medical Press Co., 103 State Street, Chicago.

This work on materia medica presents many important points of excellence. The author has endeavored to gather together the best there is in the field of medicine. As he says, "The sharp competition and acute foresight have caused the best things from all the best doctors, and splendid things from quiet, unassuming doctors, and the good successful measures of all schools, to become common property, until all doctors have access to all good things." All the agents referred to, and there are about 500 of them, are placed in a few great classes or groups, and thus they are arranged systematically along the lines of what should be the greatest practical utility.

The work, which is a large octavo volume containing over 700 pages, will supply well the need of the student, and especially the busy physician who will wish to keep in touch with the very best modes of treatment.

We have received "La Thérapeutique de la Tuberculose," by Dr. Gerard Encausse of the faculty of Paris, etc. This paper is based upon a recent experiment made by the doctor. The paper is well written and very instructive.



### Recurrence of Disease After Operations.

In Keating and Coe's recent work, *Clinical Gynecology*, there is an introduction written by Dr. William Goodell, that deserves to be printed in letters of gold and hung on the wall of every surgeon. Among other notable sayings occur the following:

"Many a patient has been sent to my private hospital to have her distinctly damaged tubes and ovaries removed, who has been restored to health without the use of the knife. I wish to go further and to assert that even women with all the subjective and objective symptoms of ovarian or of tubal abscess have been cured by me without any operation whatever, the pus having disappeared either through absorptions or inspissation. In a few cases of abscess of both uterine appendages, the treatment—was followed by conception, pregnancy, and parturition."

Dr. Robert A. Murray reports six cases of double pyosalpinx treated without operation, all of whom conceived afterward and bore healthy children. Dr. George M. Edebohls reports a number of cases of pyosalpinx which got well without operation and the women bore healthy children. . .

Pozzi says: "To me hysterectomy is merely palliative; the average duration of cure being in my experience hardly more than one year, after which the disease re-appears and leads to death within another year at the latest."

The prominent hysterectomist Jacob of Brussels is quoted as saying that in eighty-five hysterectomies for uterine cancer, there were eighty-four recurrences of the disease. . .

Evidently the pendulum has begun to swing back again to a more rational and legitimate era of surgery; back to a more careful and conscientious consideration of the welfare of the patient, and away from a fatuous admiration for union by first intention. It is well. Let it swing.—*Medical Advance*.

[This doesn't say that all gynecologists are butchers, or incompetent, working only for glory and No. 1. That would be an unwise and, indeed, untruthful thing to declare. But it does declare that the much-vaunted cures by the knife may soon have to play second fiddle to careful homeopathic medication. Gynecology is all right, even the cutting kind. It has come

to stay. But the future successful gynecologist will be he who can show a greater number of "hopeless" cases cured by medicines, than destroyed by operations. Maiming is not curing!]

### *Sunshine and Smiles*

#### *For the Sick and Lonely.*

"Does death end all?" yells a patient through my speaking tube. And right here let me say "nixey"; there's the carriages and flowers. But, without prejudice, I am sure that the only good thing is death. I may be a little "off my feed," as my critics say, and my ears give out very often, and I no longer have to part my hair in the middle, and life, with its cares, joys, and sorrows is slowly ebbing, for I am getting up where I can see the palm trees waving in the streets of the new Jerusalem, and know that I must soon die; but I feel no dread, no misgiving, and I suppose for just that reason sickness fails to grasp me.

This thought reminds me that physicians, as a rule, pay very little heed to the souls of their patients; they are looking for physical symptoms, which often are vague and obscure, for often it is the soul that is sick, not the body. A little hope, a faint smile, or a blooming ha-ha, have cured dysmenorrhea, melancholy, and even some old chronic troubles with me. Laugh and the world laughs, cry and you'll be lonesome—for all due consideration to the old idea that misery loves company—she *doesn't*. Misery loves pork and sausage—not flowers, live fruits, and sunshine. Well, suh, I'm now done quit.—*Dr. Horatio S. Brewer, in Alkaloidal Clinic.*

[Very happily put, Doctor: Bet you don't have many patients die of melancholia.]

### *Some Possible Changes in the New York Law.*

From the "Report of the New York State Board of Medical Examiners" (old school), besides the fact that 29.9 per cent. of the applicants before the board were refused licenses in the past year, we learn that the faculties of the various medical schools have been asked to furnish thirty questions on every branch taught in those schools for the use of the question committee.

This is surely a step in the right direction, and one which agrees entirely with our own views. . .

This action in New York is a good omen. It seems to show a better appreciation of the true situation, not only from the point of view of the examiners, but also from the standpoint of the colleges and of their graduates. It is, in our

opinion, the only way in which the present system can be rescued from deserved opprobrium, but it presupposes a recognition of the integrity and honesty of the college professors; and such is, alas! not a prevailing epidemic, and is, indeed, here in Pennsylvania, conspicuous principally by its absence.

It is a pity this should be the case, but it is possible that it might become different, and that mutual confidence might be engendered if the State examiners here were to inaugurate, only tentatively at first, some such co-operative action as that introduced in New York.—*The Hahnemannian Monthly.*

[What! A college Professor dishonest! Treason, my Lord! The above is a desirable change for recent graduates; but how does it help the old fellows, who haven't been inside of a medical college for twenty years? What would become of Helmuth or Allen if they applied to Pennsylvania, or to Dudley or Korndorfer to New York for permission to practice medicine and surgery?]

### *Treat the Disease, Not the Patient.*

The next question to be considered to-day is, What is the first great duty of the physician? I presuppose that those virtues which ought to be the common aim and end of every man, whatever his calling—such as respect for the Deity, honor, uprightness, and truth—already to exist in the personality of the doctor, and I reply "*to cure disease.*" In doing this, if possible, the individuality of the patient must be put aside. I might say with more preciseness, when you are called to a case, you must endeavor to treat the disease, *not* the patient.

I can illustrate what I mean by an incident of history. In the year of 1811 the eyes of the whole of Europe were fixed upon the accouchement chamber of the Empress Marie Louise. Austria, Germany, Russia, Hungary, Italy, Spain, and England were watching with intense interest for the advent of an heir to Napoleon I. The streets of Paris were thronged with an eager multitude, surging around the Tuileries. The great bell of Notre Dame proclaimed that masses were being said by the faithful, for the safe delivery of the Empress. The announcement of the birth was to be proclaimed by a roar of artillery, and was expected at every moment. At this juncture M. Dubois, the accoucheur, rushed from the chamber of Marie Louise to the Emperor's apartments, stating with alarm that he feared he could not save both the mother and the child. With that wonderful knowledge of men which characterized the

Emperor he said to M. Dubois, "Come, come, sir, don't lose your head; save the mother. Imagine she is some shop-keeper's wife in the Rue Saint Denis, that's all I ask of you; and in any case—I repeat it—save the mother." We all know the result; the one hundred and one guns sounding from the Invalides proclaimed the birth of the King of Rome.—*Professor Helmut's Address in the "Chironian."*

[What other member of our profession could not have made that clever but apparently contradictory statement of a homeopathic physician but Helmut? Long life to him!]

### **Medical Students Have Some Rights.**

While the following illustration is not strictly pertinent to the subject in consideration, it shows how the courts apply the policy above illustrated to protect students from the arbitrary action of medical colleges as well as applicants from the unjust discrimination of examining boards. A medical student who had paid his fees and fulfilled all of the other conditions entitling him to present himself for final examination, was informed by the secretary of the faculty that he would not be allowed to present himself for final examination, nor would he be granted a degree of doctor of medicine. Upon a writ of mandamus the matter was brought before the court and an order issued requiring the examination of the student. The opinion of the court is both interesting and instructive, and is therefore quoted from at length. "In answer to this application the respondent (the medical college) presents no ground whatever for its action, but insists that it has the right arbitrarily, without any cause, to refuse the relator (the student) his examination and degree. It seems to us clear that such a position cannot for a moment be entertained. The circulars of the respondent indicate the terms upon which students will be received, and the rights which they were to acquire by reason of their compliance with the rules and regulations of the college in respect to qualifications, conduct, etc. When a student matriculates under such circumstances, it is a contract between the college and himself that, if he complies with the terms therein prescribed, he shall have the degree, which is the end to be obtained. This corporation cannot take the money of the student, allow him to remain and waste his time (because it would be a waste of time if he cannot get a degree) and then arbitrarily refuse, when he has completed his term of study, to confer upon him that which they have promised—namely, the degree, of doctor of medicine, which authorizes him to practice that so-called science. It may

be true that this court will not review the discretion of the corporation in the refusal for any reason or cause to permit a student to be examined and receive a degree; but where there is an absolute and arbitrary refusal there is no exercise of discretion. It is nothing but a willful violation of the duties which they have assumed. Such a proposition could never receive the sanction of a court in which even the semblance of justice was attempted to be administered."—*N. Y. Med. Jour.*

[Little by little the medical colleges will be made to understand that their arbitrary assumption of power is against all American sense of fair-play, against every element of justice. A college faculty as some of them are constituted is a menace and a disgrace. The most elementary cross-roads club would hesitate to be guilty of what is charged of some medical faculties. A majority vote of such as are present at any regular meeting decides, whether it be upon the goodness of its own conduct, the smashing of the professional rival of some member of the faculty, or the disciplining of a class of protesting Seniors. And there is no recourse. The Vehm Gericht isn't a marker to the possibilities of a college faculty.]



### **Globules.**

**Dr. O. S. Ruunels** of Indianapolis has the sympathies of the profession in the continued illness of his son, who is suffering with ulcerative endocarditis. It will be remembered that Dr. Ruunels was obliged to curtail his visit to Omaha last last year because of the dangerous illness of his son.

**Professor Dr. J. C. Wood** gave an enjoyable banquet to the senior class of the Cleveland Homeopathic Medical College on the evening of Thursday, March 30, at the Century Club. Everything and everybody was merry as a marriage bell.

**Everybody** joins in sending congratulations to our Bro. Dr. Reuben Ludlam for his restoration to the ranks of the profession after his dangerous illness and operation.

**Dr. A. Alf. Michaelis** of Blankenburg in Thüringen, Germany, is the editor of *Das medizinische Monatshefte für Homöopathie* now

in its fifth year. This is an interesting little journal and is devoted to the materia medica and therapeutics of our profession.

**Dr. C. E. Sawyer** of Marion, O., sends us a copy of his little book giving description of his Sanatorium, with many illustrations of its effectiveness in the ailments for which patients are sent to sanatoriums. This institution is centrally located in Ohio and is readily accessible. It is replete with all the modern appliances for a quick and permanent restoration to health.

**The International Homeopathic Congress** for 1900, to be holden at Paris, says that it needs essays for discussions, as well as the presence of homeopathic representatives to conduct these to the best advantages. Wake up, brethren of the craft, and help out! Get ready to go to Paris.

If you haven't paid your Hahnemann Monument subscription, for goodness' sake don't delay it any longer. You have enjoyed the credit arising from that publicly heralded subscription; be a man now and pay it up. Don't let your name go on the roll of hurrah-subscribers! That and that only.

**Only** four days this year for the American Institute session. Good! Wonder where Brer Hedges will come in with his Memorial Services.

**The Ohio State Homeopathic Society** meets in annual session at Springfield the first week in May. Have you prepared your paper for the bureau for which you were elected at Columbus?

**Write** this editor for particulars touching a club of European travelers for the Paris Exposition and Homeopathic Congress. Club is limited. Rates reasonable. Ocean trip first-cabin both ways.

**From** Salem, O., we learn that good old Father R. B. Rush has at last succumbed to the inevitable, and his voice will be heard no more in the halls of the Institute reading off the censors' list of applicants. Dear old man! He was faithful to the last. He came to the Institute so long as his physical infirmities did not preponderate. He lived long enough to hear from the Institute of his earlier years that it did not forget him in his affliction, but each year sent him a greeting. And so they fall, one by one, the Old Guard, and are seen no more of men.

May his long-earned rest be sweet! From the fact that but three physicians attended the funeral of our deceased brother, it would seem that we not only fight Death as a business, but we also fight those of our number who succumb to Death. If a doctor dies in full cry, we may do him some honor. But if he has been ill for months—why, we forget him.

**The Cleveland physicians**, regardless of politics, took a hand in dictating the political pace for the citizens in the struggle for good government. Some three hundred of them formed an association for fighting the existing administration. It proved to be a powerful auxiliary to the political folks. Dr. J. C. Wood was vice president.

**The Pennsylvania lines** reach Atlantic City from all points in the West and by close connection from all points in the East and South. They are reliable people, giving the most reasonable rates with the best accommodations. When you go to buy your ticket for Atlantic City, no matter where you live, be sure to arrange for the whole or, if not possible, then part, transportation by the Pennsylvania lines. And you will not regret it.

**All** hotels at Atlantic City this year have an open door for Institute pilgrims. There will be no headquarters hotel. Therefore select the Rudolf, which is first-class in every way, and has every accessory for your comfort offered by any other hostelry, and many for which it is unique. A postal card now will give you choice of good rooms.

**The Century Magazine** this issue gives Admiral Sampson's description of the Santiago campaign. It is interestingly written, and after carefully studying the text as well as the pictures some of the moot points in this famous battle are nicely cleared up. In other ways the *Century* keeps up its usual excellencies.

**Scribner's**, to start with, has its usual beautiful cover, front and back. It is done in colors, and when one compares its spring picture with our prevailing snow weather it causes one to wish for the spring, with its gamboling lambs and its fragrant apple blossoms. Among others it gives a charming story of newspaper life, one of a series that touch us all very nearly, because

giving an insight into that most complex of all modern industries—the daily newspaper.

**Dr. Chas. W. Haywood**, New York Homeopathic Medical College, '94, has received an appointment as Assistant Physician at Dr. Givens' Sanitarium for Nervous and Mental Diseases at Stamford, Conn.

Is an advertised homeopathic college homeopathic merely because among its thirty chairs and one woman it has one chair of materia medica, one of practice, one of children's diseases, and "Honorable Mention" in several others, and the rest, residue and remainder, filled by specialists who have but scant or no use for homeopathic medication?

If homeopathy is only a rotten plank in a mildewed platform, a hundred years old, which is kept in the public eye out of reverence for its past usefulness, and because there yet remain a few of the old-fashioned homeopathic patients (who believed it was something better than calomel in seven-grain doses—morphine and quinine), let us be men and throw the festering sore into the deeps of oblivion and come out under our real colors and be a liberal school, or, as lately called, a rational school of medicine.

**Surely** the old school is right when it charges that the homeopaths trade on a name, but have no other use for the practice. Are not these homeopathic colleges in reality allopathic from center to circumference, when they teach no homeopathy in any of their specialty chairs, and but a mild form of it in the other three or four?

The Cleveland Homeopathic Medical College gave its usual annual graduation banquet on Saturday, April 1, covers being laid at the Stillman for 160. The morning papers report that the occasion was a fine one and that a number of toasts were indulged. On the following Tuesday the graduation exercises were held in the Euclid Avenue Baptist Church. The report which reaches us is that the faculty would still give two hundred dollars to the Hahnemann Monument Fund.

Our English brethren are doing something besides wonderful operations at their London Homeopathic Hospital. The latest news indicates that Dr. John Say Clarke, who attained the age of eighty-seven, left an estate of from

£13,000 to £14,000 to the London Homeopathic Hospital and Medical School, on Great Ormond Street. The *Homeopathic World* says "that a fortune gained in the practice of homeopathy should be spent in providing homeopathic treatment for the deserving poor, is nothing less than poetic justice." We sincerely congratulate our English brethren.

**There** is also some warm talk about starting a homeopathic hospital and college in Liverpool. We heartily pray this may materialize, and soon. Then it would no longer almost unbearable for an American homeopathist to sojourn ten long weary days in that village listening to "The Bible that My Mother Gave to Me," or chasing himself over the rainy and muddy hills and dales and docks which go to make up this metropolis by the Mersey. (With no offense to Bro. Hawkes and the other good men and true.)

The *Critique* puts it straight and strong in both the following clippings:

According to the teaching of the bacteriologists, man is not only unclean but uncleanable. When the hands are scrubbed with *sapo viridis* for ten minutes, then immersed in potassium permanganate solution for ten minutes, to be afterward soaked in a solution of oxalic acid for ten minutes, and still remain septic enough to infect the parturient woman by mere contact, Heaven help us, for man's ingenuity has failed to overcome such defilement. . . For the beginning practitioner, the surest way to future success is the steady, persistent application to the study of materia medica and therapeutics during all the waiting days of your early career. You leave the college well grounded in the principles of surgery, but your first work will not be in that line. You will first be called upon to heal the sick, and, according to your ability to discern the symptoms of disease and to quickly select the true simillimum, will your services be appreciated and your practice advanced. If you aim at a surgical practice, nothing so surely leads up to it as a successful medical practice.

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#### **The American Homeopathist.**

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# The American Homeopathist.

NEW YORK, MAY 1, 1899.

FRANK KRAFT, M.D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



R. O. HARRIS, M. D.,  
Carrollton, Mo.

**C**ERTAINLY we knew there was a preacher-man in that Chicago Homeopathic Medical College Commencement. That was right and proper. But there was also a party by the name of Kippax and another of the name of Gatchell, who held up the professional honor of the college and the profession, while the preacher-man only talked talk.

**I**F the homeopaths of Ohio permit the invitation of the Ohio State University to go by default because of the high standard required for affiliation of the commercially conducted college, then they will never again have reason for complaint that Homeopathy has no political standing. The University has let down the bars, and invites the colleges to come in. Where was this ever done before in the history of Homeopathy?



**T**HE Hahnemann Monument has had another back-set in that the concluding hours of Congress not enough votes could be secured to bring the subject of a site before the House out of its order. But this doesn't mean, brother, that you cannot pay your subscription. You made that under a hurrah excitement, got credit for it at the time and later, and now like an honorable man you must meet your paper or else be adjudged dishonest.



**T**HE Atlantic City meeting of the American Institute of Homeopathy promises to be one of the finest in its long list of meetings. Many changes have been inaugurated which will please the visiting member. Arrange by all means to be in attendance. It is a good resting place by the sea. You cannot please our hustling President Bailey better than by bringing a half dozen applicants for membership with you.

The various State Societies are already at work and more will be done and their transactions in the notes of the stenographers before this issue of our Journal reaches our readers. The Ohio Society is making preparations for a well-attended meeting at Springfield, May 9 and

10. There seems to be a revival of Homeopathy all along the line. Dr. R. B. Carter of Akron is the homeopathic President of the Ohio Homeopathic Society. And there is no doubt about that.

~  
A FORMER student of Hahnemann of Philadelphia, in writing to us, said that, if there are any classes to-day indifferent to homeopathic materia medica, there was a time when such was not the case. And that was when Farrington, of sainted memory, held the boards. No student ever purposely absented himself. Many a student from Old Jeff. came to those lectures, not to scoff, but to hear and learn. Hahnemann to-day is running along that same general plan. Good Homeopathy is taught there. They still have Mohr and Dudley and others.

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PULTE is not making any great noise, because that is not her wont, but she is always in line when spoken to. This year she has had the benefit of many excellent accessories—hospital, etc., which have given her students some excellent homeopathic training. But that's about what the profession may expect with Walton, Buck, Stewart, and Geohegan in the chairs.

~  
THE Censors' Examination of the Cleveland college, published in this issue, shows that someone is waking up to the necessities of homeopathy, not alone there, but in homeopathic schools generally. On the face of these returns—for we hear that the class average was 85 per cent.—this class is splendidly equipped for doing first-class homeopathic work.

### **Materia Medica Miscellany.**

Conducted by J. WILFORD ALLEN, M.D., 110 West 12th Street, New York.

References in this department are made by number. See issue of January 1 or December 15 of each year.

#### ***Hyoscyamus in Insanity.***

Taylor of Chicago<sup>1</sup> regards the following as keynotes or essential characteristics: Hyoscyamus produces a dryness of the mouth, giddiness, alternate drowsiness and wakefulness or

persistent insomnia, flushed face, dilated pupils, injected conjunctiva, and a slow pulse, according to the size and frequency of the doses. Certain constitutional peculiarities and complications may naturally be expected to vary this picture in some respects. The cerebral excitement is intense; the vision is clouded, sometimes causing total blindness; the patient becomes delirious, and in some cases his symptoms resemble those of drunkenness. The mania or delirium assumes many forms, but certain fixed peculiarities always exist—namely, he is quarrelsome, will attempt to argue, wants to fight, and invariably uses profane and indecent language. He may attempt to trip or kick you one moment and laugh at you the next; his conversation is disconnected, and he wanders from one subject to another or chatters away incoherently. He will not remain in bed, and as a usual thing is determined to be nude. If the drug is continued for a week or ten days he will not sleep night or day, but will pound on the door, tear the bedding and cry or rave when left alone. When walking he reels like a drunkard and throws his arms about in a reckless manner.

Hyoscyamus has a tendency to paralysis, for the mouth, throat, and tongue soon become very dry, assume a glazed appearance, and swallowing is very difficult. Its action upon the bowels and the bladder is also of a peculiar nature; the urine accumulates in large quantities, and when discharged flows very slowly; and the bowels either run off involuntarily or remain perfectly inactive. It causes profuse menstruation, with great trembling and weakness; excites the sexual desire, and causes the patient to use very obscene language; it induces dry, spasmodic, nocturnal coughs, a hot, dry, red skin, especially of the face, not unlike scarlet fever, and, in a few cases, spasms, with convulsive twitching of the muscles of the legs and arms. After the patient has taken the drug for some time the face will be hot and red and the body cool. He is inclined to jerk his lower limbs, and is constantly fumbling under the bedding with his hands.

#### ***Rhus tox.***

W. B. Kreider, M. D.,<sup>12</sup> presents a clinical case in which he prescribed on clear-cut symptoms. Master P., aged ten years, passed through

a siege of scarlet fever, which left him with a complication of eye trouble; the lad was under allopathic treatment during the scarlet fever and subsequently for ten weeks, during which time his eyes caused him much suffering, at intervals having amelioration, then again to be attacked, but with no apparent periodicity.

I found the patient in bed in a darkened room, his head, face down, buried in the pillow. This is not an uncommon position for a patient afflicted with phlyctenular eye trouble, but in this case I was surprised to find so little external manifestation of disease. The cornea was clear, slight conjunctival congestion and a slight puffiness of the lids; photophobia was intense and lachrymation profuse, which was described as being hot, but showed no marks on the lids or outer skin; there was no mucous discharge.

A sharp cutting pain in the eyeballs would awaken him at midnight or after, relief would be obtained by applying a hot compress, but the eyes would remain tender, and the dread of light continued the following day of the nightly attacks. Pupils showed no marked characteristics. A week's treatment with arsenicum and belladonna ameliorated the symptoms, but did not cure, and I had further time to study my case. One feature of the case was a decided aggravation from bathing, a general bath or even a foot bath in the evening would always be followed that night with an attack of his eye trouble. Another prominent symptom was when opening his eyes, or separating his eyelids, a gush of tears would roll out.

I now prescribed rhus tox. 40m one dose, and followed with unmedicated sugar pills; the placebo I renewed for several months, but only once did I have to repeat the dose of rhus, and that was to control the aggravation following a bath. I used no local remedy, even did not have to use the hot compress after the first dose of rhus tox.

In this case the remedy cured a constitutional discrasia that produced definite symptoms, and I had to be satisfied in classifying it as an undefined congestion.

#### *Staphisagria in Disorders of the Urethra.*

Dr. W. E. Bloyer<sup>22</sup> gives his favorable experience with this drug in prostatorrhoea, spermator-

rhea, and other genito-urinary troubles. He prescribes one dram of the tincture in four ounces of water, giving one teaspoonful every four hours. He states:

"We prescribe no other remedy with greater confidence, and we add no other to it. It relieves the blues and gloomy forebodings. It quiets disturbances and uneasy feelings about the bladder, urethra, testes, vesiculæ seminales. It is often the remedy for gonorrhoea, especially in the later, or gleet, stages. Use staphisagria in ordinary doses, internally, when your injections do not seem to act as you expect. The nervous effects of gonorrhoea frequently counteract all the effects of medicine. This remedy quiets the nerves, and, besides, it acts upon the kidneys, so that a freer flow of water follows, and the local applications have a better chance to relieve or cure urethral irritation."

#### *Carbolic Acid in Septic Processes.*

Maylard of Glasgow<sup>23</sup> reports cases in which several ounces of pure carbolic acid were brushed over the raw and freely exposed surfaces. The following typical cases were cited:

CASE I. Traumatic gangrene following amputation for extensive crushing of foot in railway accident. The acid was daily applied for one week until all odor had disappeared. Improvement was rapid and continued until recovery.

CASE II. Acute inflammation with sloughing following amputation at hip-joint for advanced tuberculosis. The wound was acutely septic, and the child's condition very grave. The wound was opened and every part swabbed with pure carbolic acid. Improvement began at once, and the septic process had stopped entirely in one week.

CASE III. Acute traumatic gangrene following extensive laceration of the foot. Amputation was regarded as necessary, but the carbolic acid was first tried. Marked improvement followed, and the foot was saved.

#### *Xanthoxylum.*

W. E. B., in the Eclectic Medical Journal, says: In many respects xanthoxylum acts very much like belladonna or strychnine, though it is non-poisonous. In the case best suited to this drug the circulation is sluggish, the nervous, both sympathetic and spinal, seems to lack tone; the

muscles are relaxed and weak, and hang from the bones like an ill-fitting suit of clothes. The mucous membranes are also pale and relaxed, and do their work poorly. There is usually a hypersecretion because of the relaxation. Because of its stimulating and tonic effect upon the mucous surfaces and the glands connected therewith, xanthoxylum is the remedy in quite a number of cases of chronic dyspepsia. The mucous membranes lose their laxness, a healthy flow of saliva and other fluids is promoted, and distress and disease both disappear.

This same stimulating effect of prickly ash makes it an excellent remedy in many cases of flatulent colic. Indeed, in any disease in which there is more or less tympanites, it should not be forgotten. Next to colocynth in very small doses, no other remedy is prescribed for flatulency so frequently as is xanthoxylum. We have many, many times been delighted with its action when this condition prevails, as it often does, in typhoid fever. We have never seen any bad effects from the administration of the drug.

Under the conditions described xanthoxylum is of very great worth in cholera morbus, choleraic diarrhea, and dysentery, especially so when there is both flatulence and great tenesmus; and in the experience of some of the old men of our school, in the treatment of genuine Asiatic cholera prickly ash has but few if any rivals. We are quite sure that personally we prefer it as a remedy in any of these diseases, when the characteristic depression exists, to any of the opiates. It is by far the safer remedy.

In the nervous depression that accompanies or is the cause of certain cases of neuralgia, of dysmenorrhea, of amenorrhea, or of chronic rheumatic pains, xanthoxylum is very efficient. When used either locally or internally, or both, it is a sovereign balm in certain cases of toothache. It is as useful in many cases of chronic throat and laryngeal affections.

Prickly ash should not be forgotten in many of those old cases of liver trouble that seem to withstand the onslaught of everything. Select your case and try xanthoxylum. Frequently jaundice due to catarrh of the bile ducts yields readily to this remedy. The fathers had faith in prickly ash, not only in chronic hepatic troubles, but they praised and prescribed it in the

treatment of scrofula and of syphilis. They made it a companion remedy of stillingia, yellow dock, phytolacca, and the various salts of potassium.

The dose of the specific medicine is from five to thirty drops. Smaller doses do not produce beneficent results.

### *Cineraria Cataract.*

E. D. Perkins, M. D., "in speaking of a case which he treated with this drug, says "from blindness so extreme that she could scarcely distinguish day from night, having to be led every step, she wheels her little grandson in his carriage safely along the walk, and distinguishes colors and the outlines of objects in a room. There has been constant gradual improvement, which is still progressing. . . From a dull, lusterless eye, with muddy, congested conjunctiva, we have a bright, clear, healthful-looking organ."

### *Crocus Menorrhagia.*

Goullon<sup>22</sup> recites the case of an unmarried lady, aged forty-two, fat and short, had for some years suffered from profuse menorrhagia at irregular intervals, sometimes even two or three times in a week. She was very anæmic, and her heart was weak, she had frequent ebullition of blood to the head, with very high color of face. She was nervous, oversensitive to weather changes, and frequent changes from extreme depression to exuberant spirits. Appetite good, eats much and often, and frequently takes wine. She suffers much from menstrual colic, with pain in ovaries and limbs. Sleep restless, with disagreeable dreams. At the beginning of April she had an eruption of furuncles on right cheek and nape. She treated these with collodion, but fresh furuncles constantly appeared. Latterly she developed a febrile state, rigors in the evening and heat at night. The right cheek and upper eyelid were swollen and dark-red. The gums, both upper and lower, became inflamed, and her teeth, which were much decayed, became painful, the tongue thickly coated, fœtor oris. The fever with pulse at 88 was aggravated toward evening, and she had intense thirst, compelling her to drink much water. The menorrhagia, which had lessened for some weeks, returned with profuse flow of dark fetid blood. She had also throbbing head-

aches. Belladonna 30 did no good. Diarrhea, with frequent stools, appeared, and she complained much of going to sleep of the limbs, especially the arms. She now got crocus 1x, 5 drops every three hours. In twenty-four hours the fever was allayed, the redness of face and the gingivitis disappeared, the tongue became clean, the diarrhea ceased, and in a few days the menorrhagia stopped, the furuncles healed, and after fourteen days the skin of the affected parts desquamated.



### **SURGICAL SHOCK.**

By O. A. PALMER, PH. D., M. D., Warren, O.

**I**N considering this subject, I am fully aware that I am on disputed ground; and this very fact prompts me to more carefully consider and more fully discuss the matter in hand, in order to learn, if possible, what it is, and its mode of operation.

As investigators and surgeons are not certain what takes place in the system, we have only its results, which we feel sure are very unsatisfactory intruders on our well-planned surgical field.

I am told that the word shock, in a surgical way, is from a Saxon word meaning to shake.

It would seem to be fitting to consider all the causes that come with the meaning of the word. Webster defines shake as follows: "To cause to move with quick vibrations; to move rapidly one way and another, to agitate, to throw down by a violent motion; concussion." Any cause or causes that produce any one of the above conditions, would produce that thrilling impression on the operator, and devitalizing and very dangerous conditions on the patient.

This all operators would be anxious to avoid.

To get the results squarely before us, I borrow from a standard author the following description of a patient in a shock:

"The vital powers are profoundly prostrated. The patient lies perfectly still upon his back, too weak to move and almost too weak to breathe. The pulse is feeble, quick, irregular, or absent; the sounds of the heart are indistinct or perhaps inaudible.

"The inspiration is faint, sighing, and slow.

"The features are pinched and shrunken, the lips pale and livid; the eyes dull and shrunken,

and often turned upward; the pupils dilated and sluggish; the skin is pale, cold, and clammy; the sweating is at times profuse; the extremities are cold; the nails purplish.

"The temperature falls in proportion to the severity of the shock, the depression sometimes exceeding two degrees.

"Except in the most unfavorable cases, or in those complicated with injuries of the head, the intellect is usually clear and unimpaired. There may be vomiting, which is a sign of reaction, or hiccough. The sphincters may be relaxed."

The natural query would be, what change has the system undergone and what parts of it are most affected? In a general way, all admit that the entire body has been badly injured; every function is more or less enfeebled, some more than others.

Shock is not followed always by the same set of symptoms.

There are such a variety that it is often almost impossible to determine with what the patient is really suffering. Every symptom found in a case of shock is found also in other diseased changes, so that to diagnose the true condition is not always easy even to an expert.

Were I asked "What is shock?" my reply would be: "It is a depressing impression on the body, both local and general, with or without a reaction, the result of mental or physical violence." In shock we have a tendency to a prompt and complete reaction, while in collapse there is no such tendency. In shock, if the temperature does not come up soon and the circulation increase its activity, it is well to conclude that it is a serious case; and relief must come soon, or a fatal collapse will follow.

The seriousness of the shock varies much, owing to the mental and physical condition of the patient at the time of the operation, and the previous habits of the individual.

Men suffer more from shock than women.

From the above statements we draw the inference that a more accurate knowledge of the pathology of shock is needed.

Paresis of the vasomotor system has always been considered the cause of it, and this idea is taught and generally accepted to-day.

Dr. Goetz of Strasburg was the first to advance and support this theory.

His experiments were largely upon frogs, and were not very carefully carried on. Dr. Moullin of England and Dr. Brunton of America say of these experiments: "The pathology of shock is not exactly ascertained. Dr. Goetz hung frogs up by the head, and hit them on the stomach a severe blow, and found that the circulation and temperature would change, if the frog did not immediately die.

Dr. Goetz's experiments upon frogs are not identical with the results of surgical operations, nor the greater part of the causes of shock.

If a human being were hit upon the stomach, paralysis of the solar-plexus and the sympathetic nervous system would follow immediately, and no change of the circulation or temperature would take place.

If the doctor had injured the limbs of the frog, or the body, and watched the result, he would certainly expect all parts becoming affected as a direct result of the injury to be irritated. I believe that the symptoms of shock do not bear out the theory of vasomotor paresis, but on the other hand are what naturally result from a disturbance of the sympathetic system of nerves. I feel certain that if in any operation I irritate or injure to any extent the sympathetic system the skin will take on a livid pallor, the pulse will become rapid and weak, the nails purple, the lips blue, respiration irregular, and pupils dilated. The perspiration will become more or less profuse. The secretion of urine will decrease; there will be more or less increase of the intestinal peristalsis, with a relaxation of the sphincters.

Pratt, in his investigations, has fully taught us how this comes about.

Any irritation or injury of this great vitalizing system always produces the above results, and never anything else.

Vasomotor paralysis does not make the skin take on a pale condition, but a flushed or red appearance.

Every experimenter knows that if the nerve supply to a rabbit's ear is severed, it very soon becomes flushed with arterial blood.

If the vasomotor nerves are really paralyzed, then the parts should be flushed and never pale.

Dr. Goetz found the abdominal blood vessels greatly dilated, and thought that to be a reason that there was a vasomotor paresis.

The very opposite is the condition, as shown above.

The purple appearance of the lips and blue finger nails show that the capillaries and veins of those parts, and probably the whole body, are distended with blood. This condition is always seen in shock uncomplicated by hemorrhage. In shock the secretion of urine is diminished and sometimes suppressed.

It must be remembered that the secretion from the kidneys depends entirely upon the vascular condition, as the kidneys have no secreting nerve. Polyuria would occur if there were paresis of the vasomotor nerves.

Without a doubt the blood vessels contract and cause the suppression.

The pulse is rapid and feeble, and the arterial pressure low; we have, therefore, but to remember that the sympathetic system presides over involuntary muscular fibers, and furnishes the necessary amount of force to run the circulation.

This condition of the circulation, and slow respiration, are what prevent oxygenation, and as a result we have the lowered temperature, which Dr. Morton of Philadelphia says "is the index symptom of shock."

As the sympathetic nerve fibers preside over the sweat glands, it can readily be seen why there is generally excessive perspiration.

In shock we also have increased intestinal peristalsis and relaxation of the sphincters, because the muscular coat of the intestine is controlled by the sympathetic system. I think from what has been said that the weight of evidence is in favor of the theory that the pathology of surgical shock is hyper-irritation of the entire sympathetic system. Clinical experience sustains this view.

I am informed by reliable authorities that Dr. Steven Smith says he has never seen shock occur when the vasomotor nerves were paralyzed by alcohol.

I well remember that during my medical college days a certain professor of surgery always insisted on having the patient take freely of whisky and some morphine before an operation

He always tried to impress us with the idea that the patient did better under this treatment.

In my own professional life I have seen many cases that have proven to me the correctness of my above statements.

Grief, fear, anxiety, or jealousy may so overcome the sympathetic ability that it will stop work suddenly.

In an Eastern college, some time since, a student died from fear that he would be beheaded. His companions were in sport only, yet when the wet towel struck his neck he turned white and immediately expired.

Dr. Helmuth relates the following case: "I was asked to see an elderly lady with a small tumor in the groin, which was causing her no trouble, but great anxiety. She was said to have a weak, and often an irregular, heart.

"The tumor evidently was a small femoral hernia, and in trying to move it a little from side to side, it slipped with a gurgle from between my fingers and passed up. When she discovered that the tumor was gone, she was startled and surprised, no doubt pleasantly so, for it had been much in her thoughts.

"Almost immediately, she complained of feeling faint, and asked for some cold water. This was supplied, but her syncope deepened, and in about ten minutes life was extinct."

The treatment of shock should always be the best, and the thermometer should be used to note the temperature. If your efforts do not bring up the temperature, the patient is not being benefited. Many have noted the great benefit derived from the use of nitrite of amyl, at the outset of shock, because it is an arterial relaxant.

Strychnia should be used only in the later stages of shock: then no drug can take its place.

Dr. G. F. Hodgen, St. Louis, Mo., believed sulphate of atropia, in  $\frac{1}{10}$  to  $\frac{1}{30}$  of a grain, was the best remedy possible for shock. I have used it, and am pleased with it; like alcohol, it produces vasomotor paresis.

The taking of hot water in small quantities, and frequently, and using the same in the rectum, I have known to be very beneficial. Nitroglycerin is a valuable remedy.

In the homeopathic school, aconite, camphor, veratrum, and arsenicum have been used with good results.

In extreme cases of shock, artificial respiration should be resorted to, and friction applied to the extremities; external heat should be used, but no hot bottles nor bricks, as they tend to make bad burns.

Blankets should be heated in an oven or otherwise, and wrapped about each part. Keep the room at about 90° to 100° if the patient can stand it.

Transfusion of hot saline solutions is considered very valuable, and I have used it with great success.

As an inhalant pure ammonia is very useful. Oxygen inhalation is a most powerful yet safe remedy to use. The patient should have about six inspirations of the pure gas per minute.

Food should not be administered till reaction is well advanced, as shown by the temperature rising toward the normal. It should be remembered that digestion is suspended during shock. When reaction is well established, or nearly so, hot beef-tea, peptonoids, peptones, peptonized milk can be moderately used. Small quantities frequently, is my rule.

#### HOMEOPATHY IN THE OHIO STATE UNIVERSITY.

IN view of the courteous invitation extended to the homeopathic profession of Ohio by its State University to have Homeopathy represented on the college campus, we have taken especial pains to inform ourselves of the matter, and herewith report the same.

This University, which was founded some twenty-seven years ago as the Agricultural College, and about eighteen or nineteen years ago took on its present name, ranks in the first grade of Universities. It has now in the neighborhood of eleven hundred students. Three or four years ago President James H. Canfield was invited to the Presidency of this school, coming from the Nebraska State University. Previous to his coming there had been departments of law, science, and of literature and art. But since his advent the number of colleges has increased to six, and the number of buildings to ten. Besides all these, there is the veterinary college with its numerous buildings. It is one of the chief sources of pride of the trustees that they always build large and substantial build-

ings. The University is located at Columbus and is a State institution, the tax rate for its support being one-tenth of a mill.

The Trustees, not content with the wonderful improvements already following in the train of President Canfield's work and suggestion, bent upon still farther enhancing the value of this University, last February proposed and did establish a medical department which goes into effect this coming fall. This suggestion was wholly from the inside—the Trustees and President—and from no other source. This medical department is to consist of the first two of the ordinary four-years term, and the terms of admission to be never less than the lowest requirements of admission to any other four-years' course in any other of the colleges in the Ohio State University. The teaching of this medical department shall be simply general medicine and surgery, with no leaning or bias toward either school.

It is the University's wish to have one of the colleges in the State for each system of medicine affiliated with the University, in which affiliated school the student (who has taken his first two years in the State University medical department) will finish his medical—special-system—education.

The college so affiliating must raise its standard to meet that of the University in any of its four-year courses. In that event the student, when he is graduated, will receive a diploma bearing the names, signatures, and seals both of the Ohio State University and of the affiliated college. The affiliated college keeps its own name and remains where it always has been located, and may or may not send its students to the University for the two-years' medical course. If it does so send them, then the diploma already spoken of is issued; if not, then the diploma is as it is now.

The teachers appointed by the University are subject to the Trustees of the University for appointment, compensation, and dismissal; and the fees, from students in these two years of medical training belong to the University. The teachers of the affiliated college, as well as the fees are, as at present, within the jurisdiction of the affiliated college.

In what way would the proposed affiliation

benefit the college? Through its affiliation with the Ohio State University it would receive all the prestige of such connection and be advertised in all the State University catalogues. It could use its connection with the University as another argument to prove its purpose to give the student the *very* best that may be found anywhere. Besides it would lessen expenses in several ways. There would be no need for teachers for the first two years, and no elaborate laboratories, etc., unless the college chose to go on just the same, holding its full four-years' course, notwithstanding that the State University would in all probability give better instruction in all those branches because of its paid and specially trained professors; while the commercially conducted colleges depend in these two years upon young men—men without experience, and therefore, more likely to be bookish than practical. But over and above all the colleges might be asked to remember that the University idea of President Canfield is to distinctly improve the teachers and teaching and consequently the graduates, and ultimately enhance the value of the citizens' lives. If this is not also the chief purpose of the commercially conducted college, then what is it?

We learn that neither of the existing homeopathic colleges has thus far agreed to the affiliation. Their acceptance and affiliation is all that remains to complete the homeopathic part of the compact. What objection can the homeopathic schools urge to the acceptance of this unprecedented proposition? That they have laboratories and hospitals and maternities and dispensaries? But that is no objection to the plan proposed. All these may continue of value, since the very evident design of Dr. Canfield's proposition is to make the affiliated school a practical, clinical school, where practical, busy practitioners may show the students what is to be done clinically, because of their constant touch with the living, acting profession; while the general and in the main "bookish" parts, are left to the University professors who are experts in those specialties, and are not necessarily physicians at loss for time to study and keep apace with a non-medical specialty. There is no reduction of the teaching force required except in the two years; and even this is not obligatory. The *only* ob-



ligatory thing is that The Affiliated College shall *raise* its standard, bringing it on a par with that of the Ohio State University! Can any-one object to so praiseworthy a purpose?

This is the first recorded instance where homeopathy has been *invited* to take part in a State University. In every other State University in which homeopathy now finds a resting place it had to fight to get in. Ohio lets the bars down and offers a proposition that should not stand begging for a single moment. And yet, and yet! In the event, therefore, of there being no homeopathic college in the State of Ohio willing to be affiliated with the university, what will be the result? Homeopathy will have been killed in the house of its friends! That's what it will mean, gentlemen of the profession. This is Homeopathy's opportunity, and it may have to wait a long, long time before it receives another invitation. The American Institute of Homeopathy has already, through one of its chief officers, signified its approval of the Canfield plan. The Ohio State society cannot fail of approving it. What then is left? A disgraceful throw-down of homeopathy, with a continued dominance of the other school; or else, measures may have to be taken to bring a new school of homeopathy into existence somewhere in the State which will raise its standard to the same degree of excellence as that required by the State University.

Speaking now as editor, we are not at all sanguine that the Canfield idea of affiliation is a feasible one. If the affiliated college continues to elect itself and pass upon its own goodness and virtues and skill as heretofore, then a constant espionage in that college by some university committee might be needed to save a worthy student from harm, or a worthless one from being matriculated and graduated. Possibly, President Canfield has this worked out as a mere detail; if he has not, he will find it a factor with which he must reckon early and late.

A further point which suggests itself is that if the affiliated school continues to be a commercially conducted college, its ratings will not be accepted by other universities. For instance, a student having taken his standing in the University of Michigan will be admitted, upon that standing, without further examination to Har-

vard. But no University will accept the ratings of the Ohio State University, so long as its affiliated medical school is commercially conducted. Yet here, again, the correction of this apparent oversight may be another detail already under consideration.

The Ohio University is to be congratulated on its progressive spirit, and for its very evident desire to be fair and impartial to all the schools. The accession of President Canfield was a distinct gain to Ohio's educational interests, and he is rapidly putting Ohio's University in the front rank among educational institutions. The homeopathic profession should unite in applauding his efforts, and see to it that homeopathy is placed in the university, either by the affiliated college, or in some other way. Homeopathy as a profession will be a distinct gainer by this university connection.



### SOME PROFESSIONAL SPEECHES.

TALKING about good advice, there was that speech of Dr. Ch. Gatchell, at the Chicago Homeopathic College graduation ceremonies recently, which was a masterpiece of wisdom, of sweetness, of poetry, and of homeopathy. It stirred the hearts of his hearers to greater deeds of medical beneficence and homeopathic works; every student, and every practitioner, as well as every other listener to that eloquent doctorate address, went from that Commencement with a feeling that it had been good for him to hear all those wonderful and inspiring things spoken by a man who stands deservedly high in the profession as editor, teacher, and author. His speech later on, at the alumni association banquet, with our good friend, Harvey Dale, master of the mallet, was another jewel in his crown of literary and oratorical attainments. Upon both occasions, as in his public and private life, Dr. Gatchell's purpose, avowed and apparent, is that of speaking well of homeopathy and its institutions. And he succeeded as he always succeeds. The profession is distinctly better because of his eloquent words. No oblique suggestion has been fired into the back of young graduates which may tend at some early time to turn them from homeopathy to allopathy.

Contrast with that the wet-blanket put upon

the banquet to pre-graduates in another part of our country, where the speaker counseled the adoption of anything and everything that is better than homeopathy. And in this, perhaps much to his post-prandial surprise, he was RIGHT! And so says every man and woman of us. Possibly in the excitement of the occasion, or the desire to get back at someone, he did not intend it in that way. Possibly he did. It is known that people sometimes tell the truth unwittingly. For if a man should persist in practicing medicine upon the antiquated rules of a system an hundred years old, and stuck to that system through thick and through thin, out of mere reverence for what it had accomplished in the infancy of medical practice, and for that or those reasons *only*—then that man would be seven or eight different kinds of an idiot. There is no doubt of that. And, again, a man who would throw away anything that he *knew* to be better than homeopathy, in the cure of his patients, would be too utterly ridiculous to be worth even a moment's anger. So, again, say we all of us. Therefore this wet-blanket orator, unbeknownst to himself, was RIGHT!

But, brother of the silver tongue and languorous mien, be very, very sure you are right before you go ahead! It were better that a milston—from Russia—had been hanged about your neck, with the usual dire result chronicled in sacred history, than that you should knowingly and willfully violate this the solemn trust and confidence, of these young and receptive minds. Such counsel, delivered in oblique shafts, intended for some absent culprit, might, indeed, turn more homeopathic graduates into old-school colleges. To counsel the use of everything that is better than homeopathy is all right. Certainly it is. But it will not be found in seven-grain doses of calomel—which is neither new nor progressive, nor yet scientific; neither is it in the giving of combination tablets, which are not homeopathic, however much we modify the meaning of Hahnemann's word; nor in coining extra-large words for capital and uncapital operations. If these bland and easy-speaking gentlemen do not watch out—these professors of the wet-blanket pattern—they

will presently, by their own indiscreet admission and counsel, justly fall under the censure of this journal, where it charges that some homeopathic professors do not know homeopathy, and that some homeopathic colleges are not homeopathic. Perhaps if homeopathy were, in reality, taught, such peculiar speeches would not be needed as accessories of an ante-graduation banquet. They are not necessary in Chicago.

Last year, on a like occasion, this same form of advice was given to the graduating class by a reverend gentleman and during the year following a large number of homeopaths went over to allopathy. He, too, counseled the dismissal of old and hoary ideas; the not-worshipping of fetishes; the refusal of reverence for the man Hahnemann, and the not doing of this and that and the other nice-sounding, mouth-filling rhetorical thing. He, too, counseled the looking Upward and Forward for beaming pictures of Progress, and Excellence, and Rightwiseness, and—er—Medicine. This same counsel might be given to his pews, with equal propriety and justice, though possibly to the astonishment of this learned divine, in regard to the religion of the sweet and loving Jesus.

The better way all around, when making a graduating-class speech by a learned and popular professor, clad on in all the panoply of his personal grace and languid dignity, and on an occasion of unparalleled effectiveness, is to emulate the Gatchell pattern of speech, and life, and practice, and assume that the flag under which he fights is the right flag, and should be stood by and fought for through every vicissitude. Of course, in time, if he discovers that his flag is no longer right, and that another is right, no one, save a double-distilled fanatic, would blame him for espousing the colors of the other fellows. But, there is this, also, to say: that in the latter event, it would look better, and be better, if he packed up his dress-suit, his professorial toga, his banquet speech, and personal wrath, and went over to the friends of his newer liking, the allopaths—as so many of his former lectured-to homeopathic students and graduates have done,—and not continue to eat the bread of those whom he assails.

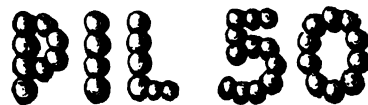
**OUR NEW POLICY.**

**I**N the course of a little while, perhaps soon, as soon anyway as we can find the time, and our publisher the space, we purpose writing a series of articles, filled to the fetlocks and brimming over with enthusiasm and promethean fire, on the wonderful amount of good we are doing the profession by our unstinted efforts in their behalf, and solely in their behalf; on how large our circulation is becoming each working day and Sunday of the week since We, Us, & Co. have taken hold; and on how much more we will have when the other subscribers subscribe. We will also, perhaps, follow the almost exploded plan of some of the cheap weeklies, as well as some of the shady patent-medicine firms, and offer prizes of cash, busts of Hahnemann, pharmaceutical products, instruments, and the like for good papers to be published in these pages,—as we cannot get them in the ordinary course,—in order, in that way, to wake the profession to the supreme duty of the hour—*i. e.*, the more rapid subscription to our journal and the prompt payment of its hurrah-subscription to the Hahnemann Monument Fund. We hope, also, to print a series of letters, or garbled extracts from letters received in the beginning of our venture upon the sea journalistic, containing preachersome indorsements of our God-given and God-inspired purpose to strike the shackles of superstition and appendicitis from the lower limbs of a free and untrammelled people; to lift up the widow and the orphlins; and to utterly smash, with a dull thud, the powers of darkness! We may also publish, in three kinds of type, a page or two of all the good things we will have for our readers this next enduring year.

From all this and these, our readers will note that we have determined to be no longer at the tail of the journalistic profession, but hope to forge to the front, and to fill our space with heart-to-heart papers, prettily set off with half-tone cuts of the authors. But as to being confined, at large and infrequent intervals, of an opinion as is an opinion; or saying something that might be read without footnotes or lexicon or a half-column introduction to show our incredible enterprise in catching this *rara avis*;—that, oh, well, that is no longer essential. What our readers

want to-day is to know how large our circulation is and will be when we catch this and the other two rabbits; how many different kinds of combination (homeopathic) tablets our homeopathic (?) pharmacies are now issuing to the best and most advanced members of the homeopathic profession. And whether homeopathy, as homeopathy, is prospering, or the reverse, in the land which the Lord our God gave us; or whether our graduates—our homeopathic graduates—in conjunction with some of their former teachers—homeopathic teachers—are now massing upon the allopathic school for “practical” instruction; or whether Our Latter Day Saints—the Professors in the Modified School—are willing parties to the destruction of true homeopathy: these and allied subjects are matters of idle concern. They only cause strife among our friends, *i. e.*, the pharmacies and colleges. And if the pharmacy and college people combine against us, we will lose what few subscribers we still have under our old-fashioned policy.

Meanwhile we have to deal with a flint-hearted publisher, who cannot see the wisdom of reducing our annual subscription lest the profession believe us in hard straits, ready to give a cheapened product for a cheapened price; a wicked and unprogressive partner who will not send out two Sample Copies twenty-four times a year to every known homeopathic address, and, then, go brag of our largest homeopathic subscription in the world; who will not see the commercial value of offering a hard-boiled egg and a fried oyster for each new subscriber; and, who, having neither fareol or pixcreosole or other tar product with which to pitch the profession, determines to follow for a time at least, until we almost resign, his old policy of printing something each month that the profession wants to hear.



*Liberty*  
*In Medical Education.*

When the three-year graded course was introduced the second year was the first year

taken over again, with a special third-year course added. In this way the student heard each course of lectures twice in order to make him remember it. But from examination it was found that the student remembered but little of what he had heard, and a new force was introduced to aid him in the memorizing process. Young instructors or individuals not usually connected with the institution extracted the essence of the course of lectures and drilled this into the classes. Thus arose the quiz-method of instruction, so common in many medical schools. This helped the student to remember a sufficient amount to pass the examination, and all appeared satisfactory, for no one asked whether or not the student had actually gained knowledge and skill enough to practice medicine and surgery. Even to-day it is the recitation upon the lectures, laboratory work, or an assigned subject from a text-book that is employed as a test of a man's capacity. In all cases it is "learn the lesson we have set for you, recite well, then pass the examination, and after you have satisfied each instructor in this way, you are a Doctor of Medicine." In my opinion no method of training could be worse for a good student, while it put a premium upon the mediocre candidate.

We all know that students are very unequal in ability, as well as in capacity for work, and why should they all pursue the same course of study? It is certainly very injurious for students to take again courses with which they are familiar, feeling at the time that they do not grow from day to day. Furthermore, it is not beneficial to the true student to study with a whip over him, and we know only too well that this weapon is more often used by a poor instructor upon a good student than by a good instructor upon a poor student. If we had a liberal elective system the student would know why he takes a course, and under this condition would profit much more by it. To profit most the student must gain a perspective of his medical course. In my association with German medical students I have witnessed frequently the value of this point, emphasized centuries ago by Quintilian. While battling to establish themselves in an elective course of study a certain number fail and quietly withdraw from medicine; the average students continue along the trodden path, while the strong students become much more powerful.

Do we, with our obligatory methods, accomplish as much? I think not. We cast out the weak and disgrace them, the mediocre continue along the trodden path, but the strong are retarded. We do wrong when we disgrace the weak and it is our duty to develop the strong.

The great complaint of the good student is coercion. Reared in a free atmosphere, accustomed to great liberty during his college years, he enters the medical school with intellectual slavery staring him in the face. The faculty trust is so powerful that if the student asserts his citizenship and remains away from a stupid course, or one useless to himself, he may be deprived of his degree. Long after he graduates he awakens to see that it is all a sham, and this fact adds another disgrace to our medical schools. Let us boldly define the work which is absolutely necessary for each student to do, give an abundance of electives from which he must select a certain quantity, and then have a rational system of examination.

The bugbear of examination is so great that in my opinion it would be well to separate it from the course of instruction entirely. Many examinations are such an utter farce, so bad and so detrimental, that both physicians and many faculties have lost faith in them entirely. No greater argument need be given than the fact that the physicians of many States will not permit the members of a teaching faculty to serve on the State examining board, while in some of the medical schools it is required that the student write his examination over a secret number in order that the reader of the paper does not know who has written it. Think of it! —*Dr. Franklin P. Mall in "The Phila-Med. Journ."*

[Dr. Mall points out the wrongs of the present American system of educating and examining medical students. We regret that our space does not permit of copying the paper in its entirety; but the parts we have selected will give a fair idea of some of the good things he has said. And every man who has ever sat upon the benches of a medical college, even until a very recent date, knows that the strictures indulged in by Dr. Mall are just and true. For instance, his characterization of the purpose of medical schools is tersely and truthfully set out in a half dozen lines: "Learn the lesson we have set for you, recite well, then pass an examination, and after you have satisfied each instructor in this way, you are a Doctor of Medicine." Do we not know this to be true? Is it not a fact that in many of our homeopathic schools the leather-headed instructor insists upon having his exact words returned to him upon examination; and will not permit the variation of a line? Do we not know that in making up the lecture these teachers cull from a half dozen text-books in

order to throw the class off the scent and prevent following? Do we not know that young men of no experience are put in the chairs for no possible benefit to the student? "The faculty trust is so powerful that if the student asserts his citizenship and remains away from a stupid course, or one useless to himself, he may be deprived of his degree." True. But also true that if he has a "pull" he may stay away, and yet be graduated. And, *per contra*, under the "faculty trust," if he incur the hatred of any one influential member of that Coterie of Excellencies, no record as a student or as a man will save him at the last. For the faculty trust makes or unmakes at its own sweet will. And there is no final Court of Recourse. "The bugbear of examination . . . [is] such an utter farce, so bad and so detrimental, that both physicians and many faculties have lost faith in them entirely." Aye, verily!

But this cannot continue forever. The profession is waking to the farce, and are already demanding a more upright, a more practical mode of treating its students. Unless the commercially conducted colleges raise their standard in actuality and stick to it (and not merely make a large paragraph of it in their announcements), the day is not far distant when the profession will seek other means for educating its youths.]

### "Cold" as a Cause of Pneumonia.

Probably no one ever heard of a case of pneumonia that was not the result of an alleged "cold." It is generally believed by medical men, nurses, and old ladies; in fact, it is the universal notion, that in every such case the patient caught cold which "settled on the lungs." There is, so far as my own knowledge extends (and I have for many years made a special study of this question), not the slightest evidence that cold ever caused an attack of pneumonia, or, indeed, that cold is usually the cause of "a cold"; while, on the other hand, the evidence is ample and positive that it is in every instance a filth disease, and that, generally speaking, the ones who take the most extreme, even excruciatingly extreme, care to prevent "catching cold" are most frequently attacked with, and have the worst form of "colds"!

The reason of this is clear enough, if we consider the fact that food is digested and assimilated in proportion to the needs of the organism for nutriment, these needs depending upon the

amount of muscular and mental work performed; the degree of exposure to cold, relatively or actually; and upon the immediate condition of the body because of previous fasting or over-eating; and that indigestion and malassimilation are the most prolific causes of that stuffing up of the system which sooner or later provokes some sort of crisis, the symptoms of which are mistakenly attributed to "a cold." The evidence is ample from the observation and testimony of thoughtful men that over- or bad eating and under-exercising, especially when combined with an indoor life, are sufficient causes of the ill-condition that may lead on to typhoid, rheumatic, scarlet, or other fever, pneumonia, etc., the first symptoms of which are almost universally attributed to catching cold, albeit the sufferer cannot possibly recall the least exposure to cold or any indiscretion that could possibly have given rise to a cold. But because of this universal misconception as to the true cause of the disease, whenever the well-known symptoms appear in any case, the victim is forced to the conclusion that he has caught cold! Being completely misled in this regard it naturally follows that he will take precisely the wrong means of "curing" the disease; instead of taking the back-track by means of fasting, fresh air and exercise, he is apt to keep right along eating, stay indoors and rest, and by this means he is likely to go from bad to worse.—*Dr. Chas. E. Page, "Med. Times."*

[Dr. Page believes in the ice pack frequently renewed, as often sometimes as every five minutes, until the breathing touches something like normal, and a rigid fast. He gives abundance of good cold water for drink; but no food, until patient gets hungry and demands it. The whole article from which we take the above cites the instance of Gomez who succumbed to two weeks of luxurious eating, whereas before that he could stand all manner of hardships, colds, wettings, starvation, and so forth.]

### The Passing of The Family Physician.

In these days of wonderful progress in medical and surgical education, all physicians must stand upon the same basis of knowledge at the time of graduation, and all must be fairly competent to practice medicine in all its branches. The old idea that a first-class, general education, followed by equally good college training, was necessary to fit one for general practice is still the rule and is more vigorously enforced than ever before. But that other rule, that it requires many years of general practice, with its careful study of the body in all its parts, both in

health and disease, to enable one to become a successful specialist is now obsolete. This second rule was a safeguard, and kept in general practice all except the few who in after years showed an especial proficiency in certain branches, into which they drifted, often almost without their knowledge or consent.

Now the specialist's axiom is that physicians are mainly of use as diagnosticians, and their only function is to diagnose each case and send it to the proper specialist for treatment. If this rule is just and becomes the usual method of procedure, how long will such a physician be a reliable diagnostician, if he does not follow out the history and treatment of his cases through all their various phases? The specialist cannot know the idiosyncrasies, habits, or surroundings of his patients, and thus important points in successful treatment are lost. The so-called family physician, being only the diagnostician, will be incapable of furnishing the necessary data.—*Dr. E. C. Helm, "Med. Times."*

[Very true, as Dr. Helm says. The profession is being filled with specialists direct from the college hopper. Young men are eager to try their acquired knowledge with the skill and experience of their elders, who became specialists only after years of waiting and study to discover wherein their special bent lay. Any likely graduate of yesterday is ready to-day to do any gynecological operation, capital or minor, that he has seen done in college or hospital. Send a patient to such a carpet-knight specialist for examination of the eyelids, and he will come back with spectacles. Verily, verily, there are many things ahead for the medical profession that may make short work of us. If the profession does not take matters in its own hands and restrict the output of hand-made doctors and surgeons, it may live long enough to have to engage in some other form of obtaining a livelihood.]

*Says the*

*"Clinical Reporter":*

We find the following in the AMERICAN HOMEOPATHIST: "Give the hour of aggravation of Lycopodium." "All the symptoms are worse from 4 to 8 P. M., except the pain in the back, which is better by urinating." *Urinating* as an hour of the day is something new.

[No, Brer Foulon, this isn't a question of "urinating"; it is a matter of English Grammar. Try it again, and see if you discover anything wrong about it.]

## Globules.

**Atlantic City in June!**

The Practitioners' Course at Ann Arbor was attended by forty-three physicians.

Dr. Charles H. Helfrich removed to No. 542 Fifth Avenue, New York, on May 1.

Dr. Nancy T. Williams of Augusta is President of the Maine Homeopathic State Society, which meets in June. Remember the Maine.

The Southern Homeopathic Medical College has graduated another good class. There are earnest and painstaking teacher in that college. Long may they wave!

Dr. Frederick B. Groesbeck, Cleveland, '99, has associated himself with Dr. Dewitt G. Wilcox, Lexington Heights Hospital, Buffalo. We look for great things from our former student.

There are many hotels at Atlantic City, but you will make no mistake if you take the advice of the AMERICAN HOMEOPATHIST and secure your rooms early at The Rudolf. Send a postal at once.

At the risk of being read out of the homeopathic church by some of the ultra-homeopaths we dare to say that the Parturition Calendar issued by the Antikamnia Chemical Co. is a very pretty and useful affair.

Dr. Teste, eminent French homeopathic author of *Materia Medica*, etc., died, aged eighty-five, in Paris, February 14. Buried in Père Lachaise. Was honorary President of the Société Française d'Homeopathie.

"The Aconite Woman," by Dr. Gaylord J. Pettit in the *North American Journal of Homeopathy*, is worth reading a half-dozen times and then committing to memory. It is a very excellent picture of the action of aconite.

This is what Brer Villers, in his *Archiv für Homeopathie*, says Pemberton Dudley presented to the American Institute of Homeopathy at Omaha: "Ursprung, Werth und Umfang der Homeopathie." Isn't that just too awfully dreadful to think of?

The date of the International Homeopathic Congress in Paris in 1900 has been definitely

fixed for the 18th to the 21st of July. It will be held in a hall set apart for the purpose, in the *Palais des Congrès* of the great International Exhibition.

The Pennsylvania Lines are by all odds the best for travel and convenience, comfort and fare, in reaching the American Institute of Homeopathy at Atlantic City, this summer. Ask for these splendidly equipped lines when you make up your mind to go.

It will be quite in order for the Ohio State Society, when it meets at Springfield on May 9 and 10, to move with determination in the Ohio State University matter. Homeopathy for the first time in its existence is invited by President Canfield and the trustees of the Ohio State University to come in and take part in its educational course.

During the Practitioners' Course of the Ann Arbor school, on one of the evenings an informal reception was given to Dr. H. F. Biggar in the offices of the homeopathic faculty in the Thompson Block which was well attended by the friends of the department; representatives of the old school were also present, showing that harmony exists between the two departments.

"The Sport of Circumstances," which appeared recently as a completed story in *Lippincott*, was a bright, breezy little story of Georgia life. "The House of Pan," the last completed story, deals with our Revolutionary period, and is happily depicted. The many other short stories of this ever-popular magazine are all up to high-water mark as usual.

We want to say to such of the recent graduates as have not heard many lectures on homeopathy, that they will do wisely to buy The *Organon*, and the two Dunham volumes, and study them carefully during the waiting time. There is really something in homeopathy. Materia-medica lectures alone, however good they may be, cannot teach you homeopathy.

The funeral services of the late Dr. R. B. Rush were held from his late residence, East Main Street, Rev. Dr. William Gaston, pastor of the North Presbyterian Church in Cleveland, conducting the service. Dr. H. F. Biggar of Cleveland, long an acquaintance of the

deceased and associated with him in homeopathic medical circles, spoke feelingly of that association and of the life and work of Dr. Rush. —*Salem Daily News*.

There lies upon our review table a number of excellent books waiting for notices. Two of these are now going through the formal process, and will be published soon. They are worthy of a foreword. Reference is had to the "History of Hahnemann College of Philadelphia," by T. Lindsley Bradford—a most complete and valuable historical volume; and Arndt's "Practice of Medicine"—than which there could be no more excellent and thoroughly prepared book.

The Drs. Parker of Warsaw, Ill., have sold their practice to Dr. H. Carnes of Montrose, Ia. Dr. Carnes formerly succeeded Drs. Parker at Montrose. Drs. Parker succeeded to the practice of Dr. R. A. Harlan, who had six allopathic competitors in Warsaw. To-day there are but two allopaths and seven homeopaths. Montrose needs a good homeopath. Population, 800 to 1000; nice property worth \$2000 on easiest terms. Drs. Parker are looking for a surgical location. They have the soup-plate and are after the ovaries.

The *American Review of Reviews* is truly an American magazine—and a magazine for all busy Americans. Every item of interest in the world's history is sifted and boiled down, and brought within the compass of a half-column or half-page, profusely illustrated. It is a refreshing *résumé*. Its copies of current cartoons here and abroad are quickening of the sense of humor. We continue fond of this journal, and highly recommend it.

The National Medical College of Chicago graduated twenty-two from the senior class of twenty-six. The *ad eundem* degree was conferred upon Dr. Grol of Milwaukee, President of the Wisconsin Society, and Dr. Constant of La Salle, President of Illinois Medical Society. The Dean's address by Professor T. C. Duncan showed the college in a flourishing condition, with an enrolled list of 116. The Faculty valedictory was given by Professor Allen, and the class address by Dr. Gilleland. Hon. W. S. Elliott made a stirring public address. The

Alumni banquet was held in the evening in the Sherman House.

"The Story of the Captains", in the May *Century* will mark the climax of that magazine's Spanish-War series. Captain Evans describes the doings of the *Iowa*; Captain Taylor, of the *Indiana*; Captain (now Rear Admiral) Philip, of the *Texas*; Captain Cook, of the *Brooklyn*; Captain Chadwick, of the *New York*, and Lieut. Com. Wainwright, of the *Gloucester*; while Captain Clark of the *Oregon* indorses Lieutenant Eberle's story of the *Oregon*, and contributes a criticism of the Spanish admiral's strategy.

Get the finishing touch, advises a contemporary journal; and means by that, to go to London. We know a shorter way, if one has graduated from a homeopathic school, namely, to matriculate in a nearby allopathic school. They will finish you off in good style; will teach you diagnosis and all the other things that go to make a successful physician of this day and age. After that buy a copy of *The Organon* and Dunham's two volumes, and learn something about homeopathy. You won't need to go to London or Germany either.

The University of Michigan—which means the Ann Arbor school, and still further means Hinsdale, Dewey, Copeland, and Kinyon—has issued a circular letter commenting upon its present standing with the profession, comparing it with what everyone knows was the condition when they took hold of a dismantled school. The first year the hospital cash receipts amounted to seventeen hundred dollars. This year they show eight thousand dollars. And so on in proportion. The Ann Arbor school has been made a success by the combined effort of these four homeopaths.

The *Medical Brief*, of recent date, editorially recommends the inauguration of a United States Board of Medical Examination, with power to confer the degree of M. D., U. S., which shall be taken in every State of the Union to be sufficient evidence of ability of the owner to practice medicine. This would do away with the boycott-system now in several States in vogue. But this is exactly what Dr. E. C. Price of Baltimore proposed at Buffalo during the sit-

ting of the American Institute of Homeopathy. If that could ever be made a success, the problem of State medical examinations, etc., would soon settle itself.

Dr. Leon Simon, who was severely wounded during the War of 1870 while caring for the soldiers on the field of battle, has been nominated to the grade of Chevalier of the Legion of Honor. Our heartiest congratulations.

The homeopathic practitioners of Paris have now had for two years a course of public instruction given on Thursdays and Fridays at the *mairie* of Saint Sulpice. Drs. Jousset, père, Simon, and Cartier have been giving the instruction. Many physicians of the other school have been noted among the listeners.

From the *Monthly Homeopathic Review* (London) we learn that at Neuilly (42 bis boulevard de la Saussage) a committee of Protestant ladies have just founded a small free homeopathic hospital for children. In its twelve months of existence it has received 118 children from two to twelve years of age, with but one loss, and that from tubercular meningitis. Dr. Clement Petit is in charge.

Let every doctor who reads these lines, and is not in affiliation with the American Institute, secure a blank application, fill it out, and send or bring it to the Institute. It is worth a Sabbath Day's journey to meet the men of our profession who write our text-books, who teach our students, who write the interesting articles in our journals—many of whom may soon be gathered to their fathers and never be seen again of men. Death has made sad inroads in the Old Guard. Arrange to be absent from your work at the meeting time of the Institute every year. There is no better place to spend your summer's vacation. It will not be an idle time, to be sure, but it will be a rest, and it will fill you full of enthusiasm for your forthcoming hard year's work. Touch elbows with your professional brethren once a year and live!

#### The American Homeopathist.

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# The American Homeopathist.

NEW YORK, MAY 15, 1899.

FRANK KRAFT, M.D., CLEVELAND, OHIO, EDITOR.

## THE ANN ARBOR LESSON.

THE conditions of peace and amity, as well as financial and homeopathic success which have come to this school could never have obtained under any of its former forms of government. So long as Father Sawyer was with us and took matters in hand, and the fight was one mainly of persecution for Homeopathy's sake, there was a fair degree of internal quiet and peace: but with his decease the balance wheel was broken, the silver cord was loosed, and the trouble waxed strong. Our earliest knowledge of this school was the oblique things said of it by some of our journals. There seemed to be always someone (as is yet so much the unhappy fashion in other schools and other organizations) who must pose as boss and dictator; the teaching in some of the chairs was painfully faulty: the caterwauling and belly-aching grew apace, until it was carried into the profession; then it crept into the journals; and, at last, was injected into the American Institute of Homeopathy at Denver. Ultimately the present faculty was selected. And these proved to be the right men in the right place. They came possessed of the true spirit—the spirit of the school, rather than the spirit of personal aggrandisement. They began the work of reorganization and rehabilitation. They took a wrecked and dismantled school and have brought it back to life and beauty. They have rebuilt the Temple and on an indestructible foundation: HOMEOPATHY!

The first lesson to be drawn is, that there is nothing impossible to four or five men banded together in a righteous cause, each determined to sink his personal feelings in the general good. And, *per contra*, that where there is one man hell-bent on having his own way in everything, no form of government, however well-modeled,

can be made successful. Another lesson is, that that school must necessarily be among the best and most popular, drawing interest and enthusiasm and students from all parts of the country, which puts into each chair a man of especial ability. The very fact that Dewey and Hinsdale and Kinyon and Copeland and Le Seure are in the principal chairs is warrant that each such chair will be thoroughly filled, and that every student will receive to the full all that can be had in that chair in any other school in the world. And it promises more even than that: namely, that the very best of homeopathy will here be taught in *every* chair, as well as everything else up to date, to make each graduate a thorough homeopath and medical man. And they do not pretend (as some of the modified school of Latter Day Saints do)—to make *sansculotte* allopaths, with a bare trace of alleged homeopathy in two or three chairs.

And still another lesson is, that a man who has battled with vicissitudes, and out of the plenitude of his privations and hardships has learned the great lesson of life—that that man can best teach the younger generation. He is magnetic and draws students. These men at Ann Arbor are of this order. To have selected a complete faculty from the local profession—with no offense to the local profession—in which there might not have been a single star would have been to copy after the commonly conducted commercial (medical) colleges of this country, where the faculty is made up of the local brethren, no one of whom may be known ten miles from his office door. Inevitably in such company dissensions arise. The boss we have with us always. There being nothing to hold them beyond the tinsel title, soon they become prone to “soldier” on their tasks, and the classes

have many hours of idleness. These men at Ann Arbor do not play at teaching. When the bell rings they are in the teaching box. They are not gallivanting over the State or the neighboring States doing private and pay operations, while the class is idle or in the hands of some of the half-dozen last years' graduates or understudies, or carpet-knight professors.

The Ann Arbor idea should be prominently copied. They have conquered every foe, and they have done it in a way to make friends of such ex-foes. And to-day with everything coming their way; with a friendly legislature; with the former opposition in the State laid; with the journals again talking encouragingly; with the reputation of their homeopathicity and the recognition of their equal ability in specialties with the old school there or elsewhere; with never a moment's disagreement among their number as to personal prestige or social success; with no contention save that noble contention, or rather, emulation of who can best work and who best agree; is it not apparent that to these homeopathic giants—Dewey, Hinsdale, Copeland, Kinyon, Le Seure, and the others—the profession of homeopathy is deeply indebted that in at least one homeopathic stronghold peace and harmony prevail?



### **Materia Medica Miscellany.**

Conducted by J. WILFORD ALLEN, M.D., 110 West 12th Street, New York.

References in this department are made by number. See issue of January 1 or December 15 of each year.

#### ***Pityriasis Rubrum Pilaris.***

Collins<sup>8</sup> says Mrs. E. A. applied for admission to the Hahnemann Hospital complaining of a troublesome skin lesion. She is fifty-seven years old, has been married for thirty-two years, and has four children, all of whom are well. She has always been well until four years ago, when there appeared a scaly eruption on the chest and limbs. She gave herself no concern regarding it for several months, until it began to extend to other parts, and especially her face, after which she applied to a physician for treatment, but to no avail. She drifted about in the usual way,

and when admitted to the hospital she presented the following picture: A dry, scaly rash covering the arms, legs, chest, face, and head; in fact, nearly the whole body. The scales were dry, white or gray, and loosely attached; very abundant, and leaving an inflammatory or erythematous base beneath. This affected the lanuga of the body and to some extent the hair of the head. The scaling was also abundant from the scalp, where it would fill the hair full and even bunch up in great masses. The hair fell out sparingly, until it became very thin. The underlying skin was sensitive and tender, but not greatly infiltrated.

Treatment.—Complete rest was enjoined, and good wholesome food and the best of hygienic surroundings were ordered. Internally, sulphur 30x was to be given. Over the very sensitive parts a simple coating of vaseline was applied to relieve the irritation. For about a week the case remained unchanged. Then the remedy was changed to arsenicum iodatus 3, after which her improvement was decided and continuous. She began to sleep well and to grow stronger, and on December 27 was discharged, apparently well in every way.

#### ***Hamamelis in Dysentery.***

Baptist of Calcutta,<sup>9</sup> in relating his experiences in treating this disease, says: Having prescribed mercurius corrosivus and ipecacuanha, according to our new-school method, I have found that they really take some time in almost all cases to relieve the patients; this delay makes them lose all faith in homeopathy. I myself tried a few cases with merc. cor. and ipec., but they soon ran away to the allopaths, and I became a loser thereby. I had been thinking how to get credit in treating dysentery; no sooner I remembered "Hamamelis arrests the hemorrhage at once," than I came to the conclusion that this is the medicine that will soothe the patient by checking the bleeding immediately, and thus it will induce my patients to rely upon my treatment. In the case which came to me I gave hamamelis 1x without a moment's hesitation—one drop a dose every two hours. The following morning, when I was called, I examined and found a wonderful improvement; hemorrhage altogether stopped, decom-

position of fæces disappeared, and quantity of mucous secretion lessened. I repeated ham. 1x the second day; and the third day I found that almost all symptoms appeared favorable; only slight tenesmus, intestinal spasm, and occasional colic were all that remained. In this state I prescribed cuprum metallicum 6x every four hours, which took away the minor ailments and completed the cure. If the tenesmus, owing to "mucous-flux," had remained still, I would have then given merc. cor. May I be called a specialist in this particular? Yet I appreciate the virtues of colocynthis in occasional colic, arnica in tormina, and nux vomica in flatulence, according to our new-school friends.

I have cured several cases of dysentery with hamamelis 1x in the commencement, and found that sometimes it alone completes the cure. I request my foreign friends to try hamamelis in dysentery and kindly let me know how it acts in their countries.

#### *Belladonna in Broncho-Pneumonia.*

Dr. J. A. Coutts of London<sup>22</sup> has a noteworthy contribution on the use of belladonna in this disease. He has used this drug as the sole medicament now in fifty or sixty cases of undoubted broncho-pneumonia, with only two deaths. He attributes this remarkable record largely to the use of massive doses of the drug, one-fourth grain of the extract every three or four hours, giving this same amount to infants a few weeks old and to children of seven or eight. The dyspnoea was checked usually by only a few doses, and the temperature also commonly fell to normal very soon. The disadvantages of the treatment were slight and unimportant. Delirium was present in only two cases. Flushing of the skin or a scarlet rash was noticed in the greater number of instances. The author refers the happy action of the drug in this disease to its drying-up effects upon secretion.

Would not the result have been as good, or even better, if smaller doses had been used? The homeopathic indications for belladonna are as follows: nervousness, delirium, threatening convulsions; drowsiness; inability to go to sleep; starting from sleep. Face flushed; eyes congested; congestion toward brain. Dry, tickling cough, worse toward night.

#### *Silicea in Retro-Pharyngeal Abscess.*

Blackwood<sup>23</sup> relates an interesting case of a lady, aged thirty-seven years, who complained of pain extending down the left arm which would gradually grow worse, until narcotics had to be used to allay it. Ultimately there would be a discharge of pus from the pharynx; this would gradually lessen, and cease altogether in seven to ten days.

The pain in arm would subside with opening of abscess. About four weeks after the pain would gradually appear in the arm, and the whole cycle would be repeated. Seven years before her physician had opened an abscess in lower and posterior wall of pharynx, but had not been able to heal it from the bottom.

Diagnosis.—Recurring retro-pharyngeal abscess. The patient was over-sensitive, nervous, irritable, weakly, pale-faced, and had night sweats and suppuration. Silicea 30x was given. The result was, the attacks occurred at lengthened intervals; and in four months she had her last siege, and has remained well during the past three years.

#### *Nux moschata in Intermittent Fever.*

A writer in<sup>24</sup> says a patient twenty-five years of age, of robust frame and nervous temperament, came under his care with frequent relapses of intermittent fever.

Fever came on generally in the afternoon, between 2 to 4 P. M. It began with shivering, which lasted for a considerable time—hands and feet icy cold. He had never been in a malarious place, always resident in Calcutta.

The chill was followed by heat, though not very considerable.

No thirst in any stage of the fever, but during heat only a slight dryness of mouth.

The great characteristic of the fever was intense sleepiness throughout the paroxysm.

Bowels loose; pasty, rather thin yellow stools, with great distention of abdomen. I gave him nux mosch. 3x, one dose every three hours, at night when fever seemed to abate.

The next paroxysm was less in severity.

I continued the same remedy, but the effect was not so marked.

The potency had been changed to one of the

thirtieth decimal, and there was no recurrence of the paroxysm.

Abdomen soft; stools more solid and less frequent.

In fact, in four days he had a perfect recovery.

### *Lilium tigrinum.*

Ward of San Francisco, in a paper on "Ovarian Therapeutics," thus refers to this drug: One of the chief remedies is *lilium tigrinum*. Grasping or darting pain in the left groin, extending across lower part of abdomen; better from moderate pressure, rubbing with warm hand, and sitting down; worse from standing; sense of heaviness and downward pelvic pressure, especially pressure against the rectum, with ineffectual efforts to evacuate the bowels. Pain from left groin extends down the anterior and inner aspect of left thigh, with constant necessity to extend and flex the limb on account of restlessness. Aching and burning pain in right groin may coexist.

Like *apis*, oppressive pain in right groin; worse from deep inspiration and motion, like *palladium*. Gnawing, dragging in right groin (on walking, like *podophyllum*).

There is usually more tenderness and shooting pain under *lilium* than under *sepia*, although downward pressure is similar under *lilium*. There are cardiac symptoms, as if the heart was grasped, contained too much blood, or was tremulous.



### THE TWO EXTREMES.

By J. J. THOMPSON, M. D., Chicago.

IN a recent issue of the AMERICAN HOMEOPATHIST there was an article by Dr. Jessie B. Atkins, Clarkville, Tenn., which was interesting and instructive in that it gave the two extremes of treatment in gynecological practice. The case related was that of a woman, aged thirty-four, who had been under the care of an allopathic physician and "regularly submitted to local treatment twice a week for six months by one of the foremost old-school physicians in the South. After a consultation he decided the end had been reached and life depended upon a speedy operation, double ovariectomy; the left ovary was degenerated beyond all hope and must be removed; the right ovary was not yet

involved, but must accompany its fellow organ, lest in time it also should become infected." Such was the status of affairs when Dr. Atkins took the case early in January. Being a good prescriber, and having unbounded faith in the efficacy of the indicated homeopathic remedy, Dr. Atkins essayed to treat the case homeopathically, until February 1, when a pelvic abscess broke through the rectum, discharging half a pint of pus, after which the patient made a speedy recovery. Such in brief is the history of the case, and no doubt the article has been read by some hundreds or possibly thousands of readers of the HOMEOPATHIST and commented upon as exemplifying the efficacy of careful homeopathic medication. But let us consider for a few moments the extremes of treatment as practiced by these two physicians. In the first place, the allopathic physician who first had the case doubtless found some uterine or vaginal discharges, with possibly some pelvic congestion; he doubtless applied in his six months of vaginal tamponing, astringent remedies which dried up the discharges, causing the virus to extend through the tubes, setting up a salpingitis and ovaritis. No doubt the allopathic physician's diagnosis was correct in that there was a degenerated ovary, as was proven by subsequent developments. The early part of the treatment was characteristic of the allopaths of to-day, and I regret to say that many so-called homeopaths fall in with this sort of meddlesome gynecological practice. It is true that the better informed of both schools of practice are united in the opinion that most of these cases are either purely medical or purely surgical or both, and that local tamponing or astringent douches are not only not curative, but positively harmful. And yet the rank and file of both schools are too often found keeping up the antiquated practice.

There can be no doubt, however, in the mind of the experienced gynecologist that at the time the case came into the hands of Dr. Atkins surgical interference was not only indicated, but in all probability the withholding of it subjected the patient to long suffering and great danger. It was also plain to be seen that the medication in this case had little or nothing to do with the ultimate recovery of the patient. Luckily the abscess broke through its most dependent portion

into the rectum, therefore the recovery was speedy and permanent. A similar result might have followed had it broken into the vagina; if, on the other hand, the abscess had broken into the peritoneal cavity death from septic peritonitis would undoubtedly have followed speedily. Had it broken through the tube into the uterus it would have refilled and the danger renewed, or had it broken into the bladder a protracted cystitis with possible pelvic infiltration of urine might have followed. But fortune favored our homeopathist in this case, notwithstanding the empiricism of her prescribing.

According to her own statement natrum mur. was prescribed because of the patient having had chills during her childhood, which were treated with quinine. She took the wise precaution to tell her patient "very plainly" that she "expected the medicine to have a very marked effect upon her, and if in the course of a week or two she should feel very much worse not to feel discouraged." She "also warned her that very probably there would be a return of the childhood chills." Under similar circumstances it is always safe to warn the patient that they are likely to get much worse before they get better, as few cases of pelvic abscess mature without one or more chills—the chills, however, in this case being due to septic poisoning rather than the suppressed malaria of childhood. A few days before the rupture the symptoms presented were "constant desire for stool, no result, feeling as if something must come out of the rectum; cross, irritable," etc.

What wonder that there was desire for stool with a pelvic abscess pressing down against the rectum, nearly ready to break? The relief which is reported from the nux may have been due to the remedy and may have been the periodical cessation of pain which is characteristic of this condition.

Now, I do not wish to be understood as disparaging the efficacy of careful homeopathic treatment in gynecological practice; on the contrary, I have great faith in the carefully selected remedy, and admire those who search out the indicated remedy carefully, but I would criticise empiricism as much in the prescriber of high potencies as I would in the dispenser of material doses of quinine and arsenic. The

proper treatment in this case may not have been the removal of both ovaries, as suggested by "the foremost old-school physician in the South," but the case should have been watched carefully, and as soon as fluctuation could be detected the abscess should have been evacuated through the vagina, and this would have relieved chills, pain, and fever in one-half the time taken for the so-called indicated remedy to act.



### *Shall We Attempt to Secure an Homeopathic Medical Department in the Ohio State University?\**

By E. R. EGGLESTON, M. D., Mt. Vernon, O.

FIRST, is it needful? Do conditions demand it? Are the colleges already in existence able to sustain the advancement that the times require? Do conditions demand something that present colleges cannot do, and that an university department could do? Is the progress of the future profession to be better insured by perfecting present methods of independent colleges, than by departure in the direction of broader and firmer foundations and completer aims of an university connection? What, if anything along this line, does the profession of the present owe to that of the future?

The proposition for such a foundation, seriously made as I understand, brings into prominence every idea suggested by those questions; and if this is a wise body it will frame an intelligent answer to every one of them before proceeding to accept or reject the plan for such an association.

It is my own unqualified belief that such an institution with such an association is the need of the time; it is demanded by the circumstances which now all the more will, in the near future, govern the action of colleges and profession and students, and determine their standing; that requirements upon existing colleges, compliance enforced on pain of degradation, are by far greater than they are able to faithfully meet: that new, untried, perhaps impracticable, certainly irresponsible, elements are being injected into the situation, with which the independent colleges will be unable to deal successfully if

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honestly, and unsuccessfully if dishonestly; and that the time and opportunity have come when, in the interests of the profession present and future, radical steps should be taken to place our students upon a footing equal to those of adjoining States, and at the same time as defensive measures against antagonistic influences.

What is the "situation"? Briefly, this:

1. There are fourteen medical schools, more or less active, in this State. A few things are characteristic of all: desire and effort for patronage, upon which their existence depends; maintenance of an average curriculum, teaching corps, and standards; voluntary, gratuitous instruction from teachers; financial stress, induced through competition, unavoidable expense, and lessened or uncertain patronage; gradually decreasing measures of superiority and authority on the part of faculties, and increasing reasonable and unreasonable dictation and demands on the part of students; greater and greater difficulty in maintaining authoritative standing in the profession; and unsatisfactory comparative results. A few, involving heavy financial liabilities, have secured attractive buildings and equipment which, with other means, have permitted them to step into the lead, apparently at least. This fact, however, does not appear to have materially changed the character of results, nor has it materially changed the general characteristics above noted. Competing institutions of other States, possessed of actually higher standards, completer curricula, wider opportunities, and better faculties, are sapping the life of those colleges, which, struggle as they may, or make what worthy effort they will, are unable, or will be, to successfully maintain themselves and at the same time fulfill the requirements of our State authorities. Increasing liabilities, overreaching competition, and official encroachment render their place in the race altogether unequal, and it is plain to see how the question of endurance in such an unbalanced struggle will settle itself. All this outside of deterioration of results, which is inevitable. Supported by the State, the idea of commercialism is unknown. The unchanging policy of such State institutions, their freedom from the control of cliques and other selfish interests, their steady conservatism, their ability

of control, and the atmosphere of equality and justice which attaches to them, all combine to provide an almost irresistible attraction. Thus every institution of the kind which pursues a progressive policy never lacks for large patronage.

2. The profession at large has become a very insistent element of the situation. It grows. It frequents and is familiar with post-graduate schools. The latest and best methods and theories and practice are not strange to it. The profession has grown;—shall I say *out-grown* the colleges? It is at least growing away from them to this extent—that their methods, and matters, and manners, and results are unfavorably criticised in comparison; its patronage is grudgingly given, and its support has a frank hesitation about it that smacks of loss of confidence. The profession is not content with the standing and efficiency of its colleges. It is not content with the influences now dominating them. It believes in the advancement of medical education thoroughly, in college and out; and this movement is but an expression of an advancing professional public opinion.

One of the most potent of present elements is the Act of '96 and the State Board of Medical Examination and Registration operating under it. It may be that it was the best possible thing at that time attainable, but I doubt it. It may not have outlived its usefulness even yet, having been in force for three long years—I doubt that too. Its organization never contemplated the elevation of the profession, but only its regulation. Its beginning was at the wrong end of the problem, being with the finished product rather than the raw material, and its power ends with mere classification. Gauging the types of practitioners as it finds them, it may on such a basis fix the "standing" of schools, as the law expresses it, and no more. The law makes no attempt to regulate *standards*, high or low, but only the *standing*, or position gauged by the standing of the profession. To change the standard, which has nothing whatever to do with the standing, is clearly beyond the province of the Board. Nor can it be supposed that legislators for a moment contemplated the possibility that the Board would assume the prerogative of judicially fixing the standard and standing of the schools of other States, as well as

regulating their practitioners who happen to reside here, and of publication of such decrees, to the manifest detriment of the schools in question. In view of such power, real or assumed, it is fair to ask the question, To whom or to what superior power is the Board responsible? And the answer must be, To none whatever! The standing of the Board is, therefore, mainly unsatisfactory. Possibly the existence, and certainly the efficiency, of the colleges is at this moment threatened by the attitude of this Board. To whom can the colleges appeal? To the Board itself, only. May they expect relief, or not? For example, attention is especially called to a rule of the Board which goes into effect July 1 next: "No medical college will be recognized as in good standing . . . which does not have an active faculty embracing the departments, among others, of Physiology, Chemistry, Histology, Bacteriology, Hygiene, and State Medicine." Now, since the full list of departments is given without distinctions of relative importance, it means that there shall be a professor for each department, by whom it shall be acceptably taught; if not this, one as well as the other, it means nothing. For its execution no provision is made for censorial or other supervision, and no penalty is attached for non-compliance. Is it buncombe, pure and simple, or a mere threat? Can the colleges do it? Is there one that can do it? Point out to me, if you can, one solitary college in the State of Ohio that for a single year can support the outlay of ten thousand dollars made necessary by this requirement. There is not one. Over against it there may be non-compliance, or evasion, or appeal to the Board with uncertain results. This rule will fail because no law was ever yet successfully executed that was not the culmination of public opinion; none ever, that was not in line with the interests of the greatest number.

In short we find this: That profession, colleges, and Board are all striving, each with its own motives and interests and aims, for better conditions and results; but the unfortunate fact remains that motives are unlike, interests are antagonistic, and aims are divergent, so that combined effort is impossible. Such is an estimate of the situation; and every item of it would seem to be a valid argument for a change.

Now comes the proposition for the organization of an University Homeopathic Medical College, which appears to have originated in voluntary action of the officials of the O. S. U., which has been communicated to the profession by President Canfield, with an invitation to co-operate, as follows: "For several years the Trustees of the Ohio State University have had in contemplation the addition to this institution of a College of Medicine. . . It is our idea to create a medical department which, being under the direction of a great and central State University, could at once, or at least very soon, insist on such advanced and rigid requirements of entrance and graduation as would place the medical college in the front rank of the medical institutions of the country. The friends of medical progress with whom we have consulted feel that such an institution would at once receive the moral support of the better element of the medical profession of this State; that its requirements would almost immediately be adopted by the State Board of Registration and Examination; and there would thus result a rapid and much-desired elevation of standards throughout the State. . . We have assurances that such a school at Columbus will have at once such ample clinical, laboratory, and professional resources placed at our disposal as will give us all needed material for most thorough work in medical education. . ."

We are of those who shall make answer to the broad-spirited aims of those who direct the policy of this great institution; we are of those who shall say whether personalities of old associations in our old colleges shall be forever paramount to new opportunities for expansion and influence.

Such a college, with the power and authority of the State behind it, and the prestige of a long-established, successful university school to keep step with it, would have foundation broad and strong enough to include and govern every recognized school of medicine, have stability and elasticity enough to recognize and adopt advances in any department of medical learning, without fear of ruinous competition at the hands of the less scrupulous, or financial catastrophes through ill-considered measures of irresponsible medical authorities. Thus among the host or

advantages accruing from such connection, the following are especially conspicuous:

POWER, AUTHORITY, STABILITY!

Erected upon State foundations, its subversion would be impossible; taking measures according to provisions of law, no other authority could supersede it; being free from influences that weaken, or subvert, or destroy the efficiency of independent chartered institutions, its policy and practice might be substantial and progressive. Doing this the State will have done all that can be done. Accepting it in good faith, we shall have done all that we can do, all that the times require of us to do. If doubts arise regarding successful administration, the fact is to be noted that in several States similar departments are in successful operation; and especially the fact that all the scientific departments which have been successfully adopted by the University are being successfully carried on, each powerful, authoritative, stable.

I have no sympathy with or belief in the danger of a degraded homeopathy if officially associated as proposed. There is as much or more danger of an enlightened and ennobled allopathy. Besides experience demonstrates the practical fact to be quite the contrary.

And, lastly, consider this: It is a certainty that a medical department will be set up in the Ohio State University. It is an equal certainty that an allopathic school will step into it—the same opportunity being extended to an homeopathic school, on precisely equal terms. Now, who of those in opposition to this measure dares to assume the responsibility of rejection of such overtures, certain to be never repeated; of deliberately placing his school in an ever after subordinate position; of forcing his colleges into a doubly inferior standing, damned by both a dominating university college whose control of the State medical board would be complete and inevitable, and a dominating State board whose assistance and sympathy would be exactly of a kind with those of the power that controls it.

Has the time come to acknowledge overwhelming and eternal defeat?

Homeopathy in Ohio deserves the full measure of recognition contemplated in the proposition, and at this crisis in its history deserves, if not demands, the frank, unqualified support of

every adherent, that the movement may be successful.



### ANOTHER MALPRACTICE SUIT.

IN Cleveland we have the spectacle of another surgeon made defendant in a malpractice suit for \$50,000 for alleged bad work done about the shoulder of a poor-clinic. This party came to Cleveland, was examined, and, out of his regular turn and as a special favor, was rushed into a vacant place in the hospital and operated on before the class. There was not one cent of pay for the surgeon, perhaps not even a thank-you. Then the poor-clinic went down into the country, where some other "upright and honorable" surgeon convinced him that he had been badly treated in Cleveland. Hence the suit. It is a very clever surgeon who can so hedge himself about with the law's red-tape as to be free from annoyances of this nature. It is a rare case indeed when a man of any standing, or one who pays his bill, brings a malpractice suit. It is safe to say that in seventy-five per cent. of these devilish inventions the patient is a poor-patient or an out-and-out charity case, where the surgeon was not only out of pocket for his time and services, but as well for surgical appliances, accessories, and medicines: this is the party, who, on the suggestion of some "brother" in the profession aided and abetted and whetted on by some "brother" of the law, engages in malpractice suits. Every court in the land knows that in the overwhelming majority of these cases the purpose is blackmail, pure and undefiled; still the practice is permitted. These cases rarely get as far as a trial. They are brought with a view to compromise and a "divvy." If the surgeon, however, insists upon trial, and eventually wins his cause, he is out of pocket incalculably. In addition, he has lost ground with the laity. And the poor-clinic has lost NOTHING! He sued as a poor person, got some shyster to take the case on speculation, and that is all.

If the physicians of this country would get together and form a Medical Defense Union as they have done in England and other places, there would soon be an end to any but real malpractice cases. And that "brother"-doctor



down in the country who was so willing to bring his city-brother into court—what of him?



### **HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO.**

**T**HE Thirty-ninth Annual Commencement Exercises of this old Hahnemann institution were held in the Grand Opera House, Chicago, at 2.30 P. M. of Thursday, March 23, 1899. The weather was beautiful and propitious; the audience large and appreciative; the music merry and delightful; the class in cap and gown a noble and attractive one; and all the appointments in charge of Professor Halbert were quite in accord with the traditions of the school and with the hopes and aspirations of the young graduates, their many friends, and of all concerned.

Promptly at the hour set the class took their place to the strains of music from the orchestra. Prayer was offered by Rev. Jenkin Lloyd Jones. Professor Joseph P. Cobb, Registrar, read his report, which was in part that: During the session just completed there had been enrolled 198 matriculates; of these 63 have been members of the fourth-year class and 57 were recommended for graduation. Each candidate had completed the full legal requirements of the State of Illinois and of the American Institute of Homeopathy. He reported that seventeen students from other medical colleges had been in attendance this year, and that the number of post-graduates who have taken the work with the senior class has been twelve.

The ceremony of conferring the degree by the then president, the late Dr. Ludlam, was preceded by a few appropriate remarks and reminiscences befitting the occasion. The audience was reminded that the college opened with seven men on the faculty and six students. After a number of other apropos statements, the degree of Doctor of Medicine and Surgery was bestowed.

An address to the graduating class was delivered by Rev. Jenkin Lloyd Jones.

Professor H. V. Halbert awarded the prizes and announced the appointments for Internes in Hahnemann Hospital; also that two of the class

had passed and received the appointment as Interne at Cook County Hospital.

Among those present at the alumni banquet held at the Auditorium Hotel that evening was Dr. C. G. Coggsell of Cedar Rapids, who had been among the first six to matriculate.



### **THE AKRON MEETING.**

**T**HE Twenty-sixth Annual Meeting of the Homeopathic Medical Society of Eastern Ohio was held at Akron, April 19, and attended by upwards of fifty members. From the local *Press* we learn that one of the chief, if not the chief topic of discussion, was the introduction of homeopathy into the Ohio State University. Dr. H. B. Garrigues, the President-elect, supporting medical education in the State University; while Dr. E. R. Eggleston, eloquent writer and speaker that he is, presented a paper addressed to the same purpose, giving arguments why this is the proper time to accept the proposition made the homeopathic profession of the State to put homeopathy into the State University. It transpired from a report made by one member of the committee appointed last session that eighty-five per cent. of the State profession is in favor of a homeopathic college on the campus at Columbus. Dr. Biggar reported much progress made in this direction, and said that the profession of the State is thoroughly aroused and awake to the advantage of State representation in the Ohio State University. The opinion also obtained that there should be national legislation on the subject of licensing physicians, in order that petty State restrictions could be done away with. Dr. B. B. Viets of Cleveland read a paper on Nasal Catarrh which was well discussed. Dr. O. A. Palmer's paper on Physiological Significance of Urine was a medical gem and greatly appreciated. The meeting was one of complete harmony, everybody being satisfied and comfortable. A good dinner was served the society. Dr. O. A. Lyon being President, and, of course, Carter of Akron was Secretary. There is only one R. B. Carter, and he is a pronounced success in medicine as he is in medical office. If any man in the United States can bring members back to their society fealty it is this same Dr.

Carter. He was re-elected Secretary ; Dr. H. B. Garrigues is President, C. H. Whipple Vice President, R. B. Johnson Treasurer, and Drs. Kapp, House, and Catlin are Censors. Canton will next entertain this society.

### Correspondence.

#### *Editor AMERICAN HOMEOPATHIST :*

Will some good physician tell me what remedy or treatment to use in the following case to effect a cure?

Patient, Mr. R. A.; age twenty-eight; general health good. About four years ago came under another homeopath's treatment for an eruption of the *prepuce* just back of the corona, which would begin as a small watery pimple, becoming pustular, and finally within a week or ten days bursting, forming a mucous patch which would disappear in a few days. It was called syphilis, and accordingly given merc. viv., merc. corr., kali iod., hepar sulph., etc., until he came under my care about eighteen months ago. I have given him graphites and petroleum high and low, and also apis mel. and silicea; and still they recur. I informed him on first seeing the case that it was not syphilis, but, as I believe, herpes genitalia. I can only get one peculiar symptom in addition to the frequent recurrence and the itching in the beginning, and that is that it is always preceded by an uneasiness, not quite amounting to pain, in the testicle for several days, and running up into the penis. Patient is also subject to seminal emissions.

If any of the brethren can give me a treatment that will cure this case, I will love them forever, for it has defied three allopaths and two homeopaths.

HARRY E. KOONS, M. D.

Danville, Virginia.

#### *Editor AMERICAN HOMEOPATHIST :*

For some unexplained reason you seem to be much prejudiced against the College of Homeopathic Medicine and Surgery of the Kansas City University.

At one time your journal contained a letter purporting to have been a conversation between Dr. A and Dr. X, in which Dr. X was made to say that he "was really shocked and felt morti-

fied to find the inside so bare and devoid of all apparatus and furniture necessary to any medical college." Then Dr. A said that he "would like to know the statements made by the college with the long name that induced the Intercollegiate Committee to recognize it without the least investigation." This alleged conversation was a pure fake, and, as the newspapers would say, a bit of "yellow journalism."

In the ten years that I have been in college work we have never had as good a laboratory and other college appurtenances for teaching as we have in the College of Homeopathic Medicine and Surgery of the Kansas City University.

At another time your journal contained a communication in which it was stated that the college with the long name had opened as usual without any new students. As evidence in rebuttal of this statement, we would say that our class has more that doubled every year since we have opened.

Again, Mr. Editor, at a later date your journal referred to us in a depreciative manner on account of a supposed relationship between our college and an osteopathic college. The osteopaths asked permission to state to their prospective students that they had made arrangements whereby they could enter a medical college and take the course on dissection, and those that so wished could study medicine in connection with their osteopathic course. Such students entered our college on the same basis as all other students—subject to the same rules, regulations, examinations, etc., and if they continued the four years, passed all branches satisfactorily, they would receive a diploma.

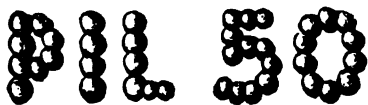
Our college is the homeopathic medical department—there also being an allopathic department—of the Kansas City University, a literary college. Our department, as is the allopathic department, is separate from the college proper; our building being in the heart of the city, while the university buildings are about four miles out—too far out for clinical purposes.

Now, Mr. Editor, I do not know wherein we have incited your personal animosity, or who your would-be informant is or the cause of his animosity, but I am surprised that you would let a medical journal with the standing of the HOMEOPATHIST voice the mouthings of such a

miscreant and that its editor should be led into such a trap.

As regards the personnel of our faculty, we have such well-known men as Dr. W. H. Jenny, Dr. Frank Elliott, Dr. W. A. Forster, Dr. M. T. Runnells, Dr. Frank Fisher, and many others whose ability as teachers cannot be questioned.

DR. CHARLES SINCLAIRE ELLIOTT.



### ***Again the General Practitioner Gets Honors.***

I am sure many of our consulting brethren could tell us bitter tales of the struggle of their earlier years. In general practice there is much, if we only look for it, to interest and instruct us; much to keep our sympathies green and our spirits contented. A picture which attracted so much attention a year or two ago, did not portray the surgeon, whose name is in the paper every day, nor the popular specialist who is the idol of society. The picture represented the general practitioner in the humble cottage, watching the sleeping child and thinking what he will have to tell the parents, and watched himself by the anxious parents trying to forecast what they will have to hear from the doctor.—*Medical Debates.*

Yes, that picture of Luke Field's—that's the picture referred to, we presume—was a wonderfully beautiful creation, and touched the heart of every father and mother throughout the length and breadth of the land. But think how much more heroic it would seem in the eyes of the medical-school students and recent graduates, if this general practitioner were engaged in inserting an O'Dwyer tube, or injecting anti-toxin, or using an X-ray machine to see if the lungs were filled! Or better, and more glorious and heroic yet, think how much greater Field's fame would have risen had he made his patient a young woman stretched upon a kitchen table with four hard-bottomed chairs and the ironing and bread board for accessories; the doctor an eminent specialist, his head done up like a Mohammedan priest, his arms bare to the biceps, a white mother-hubbard encircling his lithe and willowy form, begirt with rubber

apron, with four or five bread-pans full of instruments, and three or more waterbuckets and slop-pails for effective properties and in order to give local color and verisimilitude! If this should meet the eye of Mr. Luke Field, and he is anxious to adopt our practical, scientific, up-to-date suggestion, we here and now solemnly promise and agree to make no claim upon him, his heirs or assigns, for royalty on his profits arising from this newer and greater picture of the age. It will have a wide sale—in every medical college of the day.

### ***Diamond Cut Diamond— Swindlers Swindling Swindlers.***

Despite the frequency with which thinly veiled advertisements of abortifacients appear, it is seldom that criminal proceedings result therefrom. In England, recently, someone secured the names of the persons who had sent for certain tabules advertised as an infallible remedy for "delayed menstruation from any cause," and sent "official" letters to each of them announcing that legal proceedings had been commenced against them "for the fearful crime of preventing or attempting to prevent birth." On a promise never to repeat the crime, and the payment of two guineas, the writer volunteered to quash the legal proceedings. The police, however, got wind of the affair and descended on the swindler. Upward of 600 letters, each inclosing two guineas, were found. The number of those who responded with money shows that they believed they had been guilty of a crime. It will cause no surprise to learn that the advertisements were published in respectable journals, often in religious ones.—*Pacific Medical Journal.*

Very clever swindle, when one swindler swindles another swindler. Pity that in our country nothing can be done by the laws to take this transparent nastiness out of our morning papers. But there it is large, and infamous, and attractive. The swindle above narrated reminds us of another very clever fraud perpetrated in this country. A notorious thief and confidence man was seen to bid in a number of cheap pinchbeck watches at an auction sale. The police learned afterward that he advertised in the advertising columns of the morning and evening papers the finding of a gold watch in such and such a place which could be had by calling at room thus-and-so in public building of such a name, identifying property, paying cost of adver-

tisement and some incidental expenses, and whatever else the owner might choose to give the honest finder. Every one of these cheap, worthless, pinchbeck watches was claimed by pretended honest men, who affected to identify it, and but scantily examining it, paid the advertisement fee and a good little sum in addition and hurried away. So that the ex-thief and confidence man made a very nice little profit out of dishonest claimants of lost watches. One likes to read of these instances of *Wurst gegen Wurst*, or diamond cutting diamond.

### ***Pain and Tenderness In Acute Appendicitis.***

The most important and reliable symptoms of acute appendicitis are pain and tenderness in the abdomen. They are always present to a greater or less degree in the early stage of the affection, and the latter persists so long as the active process is going on. Of such vital importance is tenderness in the acute stage as a factor in the diagnosis, that its absence would make one hesitate to call the disease appendicitis, even were the other symptoms present to a marked degree.—*Dr. Gay.*

And is extreme tenderness in the abdomen to be found *only* in appendicitis? We are not an expert in diagnosis, being merely a homeopath with no post-graduate course in a neighboring allopathic school; but we remember several conditions for which we have successfully applied the homeopathic remedy, and in these cases extreme pain and tenderness were the marked features, and yet the patient had no appendicitis.

Talking about diagnosis: Man came to us. Pain in frontal sinus, beginning at an hour definite each day and closing regularly at another hour of the same day. Pain came "all of a bunch" and left the same way. Face bloodshot; eyes same; pain pounding, and made him fighting mad. Couldn't lie down for a holy minute. Had same condition three years ago. Doctor told him four days ago pus in a sac behind the forehead and above nose. Must cut in, drain and remove, else pus would extend to back brain, and then—good-by, John! Our diagnosis was—but no matter. We won't pose as a diagnostician until we get time enough some time from our rather busy "parish-practice" to attend an allopathic finishing school; but the man got a

few doses of belladonna and later some sanguinaria—well, yes, *rather* high—and on the morning of the fourth day returned to his work.

### ***The Professor and the Measly Pork.***

Professor Comstock of Cornell in speaking to his class recently on the trials of scientists, told this authentic tale of the experience of a professor of invertebrate zoölogy in a sister institution, which had better be left nameless.

Trichinæ in pork, the cause of the frightful disease trichinosis in human consumers, give a peculiar appearance to meat, which is studded with little cysts; it is then known to the trade as "measly pork." The learned scientist, wishing some for study, went to the butcher and asked if he ever got any measly pork.

"Sometimes," said the butcher cautiously, "but I always throw it away."

"Well," said the professor, "the next time you have any, I wish you'd send me up some," meaning of course to his laboratory.

The butcher stared at him, but said he would. Three weeks passed, when the professor, growing impatient, again dropped in.

"Haven't you found any measly pork yet?"

"Why, yes," said the butcher. "I sent up two pounds a week ago."

A sickly grin broke over the professor's face.

"Where did you send it?" said he.

"Why, to your house of course," said the butcher.—*Ithaca telegram to the New York Times.*

Very much like that other story, told of Pasteur, where this savant immersed a bunch of grapes in a glass of water to cleanse them. He informed the company that grapes usually had millions of colonies of disease-producing bacilli. Later in the meal, in a moment of absent-mindedness, he took the glass of water and drank it out.

### ***The Middle Day of Our State Societies.***

Nor is it to the best interests of the majority of those who attend medical gatherings, to say nothing of those who do not attend, but who might be induced to enjoy and derive profit from a medical meeting, to have the middle day of a nominal three-day convention given entirely over to the surgeons and gynecologists. The average practitioner is not vitally interested in the best mode of treating the stump, or closing the abdominal wound, or resecting the gut, or extirpating the kidney, or doing a variety of things the general practitioner never attempts. He has no need of

these, for everyone knows that a bevy of hungry specialists stand beseechingly ready to receive the general practitioner and his patient, and ready to turn over half the specialist fee for bringing in the case. If these specialists are very hungry the country doctor can even drive a still better bargain. What use has he, therefore, for surgery and gynecology, and how can he be expected to be greatly interested in the discussion of many of their uninteresting questions of special technique? If the middle day of the session were given over to the surgeons and gynecologists to teach the general practitioner how to apply the tampon and what to use, how to treat a felon, how to remove a tonsil and thus end years of bad health on the part of the patient who does not even get relief from remedies, how to treat abrasions of the skin and avoid sepsis and inflammation, how to close a scalp wound according to modern surgical principles, how to curette the uterus and do a hundred other things that almost daily baffle the skill of the general practitioner; instead of talking about matters that only concern those who have the advantage of a hospital practice and that partake of an advertising nature, then the average doctor will want to be present the second day and will put himself out not a little to be there and gain the information that will be of daily use to him. It is only in this way that the second day can be turned over to the surgeon and gynecologist and the meeting made attractive to those who add materially to the membership of the society.—*Medical Arena*.

[Very wisely and temperately put. The Missouri Institute, if one may judge by its published programme, is not going to fall into this error, Its practical chairs show up well.]

### **A New Thought on Climacteric Changes.**

MEN-O-PAUSE!—In other words, wait a while and you will get over it, as women do. H. Humphreville, M. D., of Waterville, Kansas (Kansas City Lancet), introduces us to a new sort of "new women," a prevalence of which in these times may possibly be the explanation of much hysterical blethering about the psychical, the spiritual, the banks and goldbugs, and the inalienable rights of mediæval nations and Asiatic savages to maintain hell upon earth. We are therefore inclined to agree that there may be such a thing as a "change of life" in so-called men, and even in the lives of states and parties. Dr. Humphreville says: Men most certainly have a peculiar nervous phenomenon occurring between the ages of forty-five to fifty-four, that is nothing more or less than the change of life.

This condition has been observed among

medical men (!) more often than any other class. I have treated this peculiar neurosis in bachelor farmers, who went hither and yon consulting every doctor in reach, for a train of nervous disorders which they imagined were due to youthful indiscretions.

Among married men of all classes, the laborer and the professional man, I have witnessed this condition, and been consulted upon the disorder in all its various phases.

We have a pronounced nervous storm occurring in woman about a certain age, the nature of which is wholly unknown, but upon which volumes have been written; but man, while having all else, is hardly free from this, for that patient who complains of his impotency, the burning feet, extreme lassitude, with an inability to go actively at his regular work, whose heart, stomach, kidneys, liver, and skin all share and participate in this storm, is a victim of the menopause. He is the fellow who makes the vitalizing pills, the nerve tonic and the manufacturers of rejuvenators grow rich. He'll quit you coldly, and try others, going the rounds, until some cases I have seen strike the "science" treatment. About the time the storm has spent its force and nature again resumes control, he becomes an ardent supporter of that fad.—*Modern Medical Science*.

[Something worth thinking about. If it could be proven true wouldn't it knock the ovary-extracting business into a cocked hat *secundum artem*? Say, I want to know! For we know now, absolutely, that it is the irritable ovaries which cause the chief trouble at the climaxis, and, argal, their scientific and antiseptic removal must remove also the nervous excitation, the flushes, etc.]

### **Globules.**

As we go to press we learn of the sudden death from heart disease on Saturday, April 29, 1899, of Dr. Reuben Ludlam, Sr., while operating upon a patient.

Dr. W. W. Stafford, Chicago, so many times our chief assistant stenographer for the American Institute, is slowly recovering from an operation for acute appendicitis.

The *Monthly Review of Reviews* comes to our table as one of our most welcome exchanges. It is a decided relief to pick up this review and in the space of half an hour find the news of the past month put into appetizing and assimila-

ble form. It is weariness to the flesh to read the morning papers day after day, the later account discrediting the earlier until one has no proper conception of the items treated. This review is different, also, from every other purely literary magazine which comes to our shears in that it reviews all the magazines as well as the current events of the world. It is a master hand which sifts the world's events and puts them within the compass of a few pages. It is truly the busy man's ideal magazine.

And now somebody on the other side of the water, where all the most wonderful things in medicine happen or are discovered, asserts that pure water is a poison! By pure water he means distilled water, or the water from melting snows and ice. Say, what will we do next?

The Thirty-third Annual Meeting of the Minnesota State Homeopathic Institute will be held at the State Capitol building in St. Paul, May 16, 17, and 18. Dr. Cora Smith Eaton of Minneapolis, First Vice President, acting President; and Dr. Henry C. Aldrich of Minneapolis, Secretary, make a good, hard-working team, and the success of the meeting necessarily assured.

**Not.**—This word found its way into a comment appended to a quotation from Helmuth's address in the *Chironian* in our Pil. No. 50 recently. Professor Helmuth had made the startling and unhomeopathic declaration to his class to "Treat the Disease, not the Patient," but before concluding his address showed that he was not iconoclastic, but truly homeopathic, although misstating a homeopathic axiom. Our comment was intended to show that no one but Helmuth could have done this so cleverly; but the introduction of the word *not* completely altered the sense, and implied that everyone could do it as well.

**Wan't** you tickled to note a little while back that one of the chief patent-medicine advertising firms of New York, which had also engaged in the bogus diamond trade about the holidays, proved to be a set of arrant knaves and swindlers? The newspapers were deeply pained at this. But that alone didn't bite very deeply. It happened to be their ox that was

gored this trip; for the newspapers who were hand in glove with this nefarious business were also left to whistle for their pay. But this will not deter other of the metropolitan journals from carrying other disreputable and notoriously dishonest advertisements for the debauching of their susceptible readers. It will make this difference, however, that they will demand security hereafter before participating in such fraudulent acts.

The American Institute of Homeopathy Transactions for the Omaha meeting give evidence on every page of judicious condensation. It would have been an easy matter for a wordy secretary or a letter-loving publication committee to have doubled the size of the volume and so lost the value of the work. For in this day of hurries no doctor has any time to "wade" through a page of printed matter to find a line of fact. We regret, however, that the frontispiece—the picture of our worthy President, Dr. A. P. Wright—does not appear in the volume. We feel certain that the omission was not because of economy on the part of the Committee but at the request of the modest President.

We note with grief that some of our est. contemps. refer to that very much alive medical association of Cleveland, which includes all shades and classes of legal practitioners, as The Palmer Arch. This society has nothing whatever to do with the holy Palmer's touch, or the Palmer tire, or the Palmer House. It refers to the Palmar Arch (of the hand) as the plantar arch would refer to that part of the foot, and has nothing to do with the touch or the tire or the hotel. While upon this theme, we beg to say that this society is doing some good work in the city and State, and may presently bring down some big game, if the aforesaid big game doesn't come down of itself and be honorable in its honorable office.

The Homeopathic Medical Examining Board of Pennsylvania will hold its next examination June 20, 21, 22, and 23, 1899, at Philadelphia, Church of New Jerusalem, Twenty-second and Chestnut streets.

Members of the Board: Dr. Augustus Korndoerfer, President, Philadelphia; Dr. Joseph C. Guernsey, Secretary, 1923 Chestnut Street,

Philadelphia; Dr. Isaac G. Smedley, Philadelphia; Dr. John J. Detwiller, Easton; Dr. John F. Cooper, Pittsburg; Dr. Edward Cranch, Erie; Dr. Lewis H. Willard, Allegheny.

Order of examinations:

Anatomy, Tuesday, June 20, at 2 P. M.

Physiology and Pathology, Wednesday, June 21, at 9 A. M.

Therapeutics and Practice, Wednesday, June 21, at 2 P. M.

Surgery, Thursday, June 22, at 9 A. M.

Obstetrics, Thursday, June 22, at 2 P. M.

Chemistry and Materia Medica, Friday, June 23, at 9 A. M.

Diagnosis and Hygiene, Friday, June 23, at 2 P. M.

The Chicago Homeopathic Medical College graduated forty doctors.

**Medical Debates** is the name of a new monthly medical magazine, edited by Dr. Wm. B. Clarke of Indianapolis, and published by W. A. Chatterton of New York. The first issue, just at hand, is a fine bit of pen and print work. It is filled with interesting medical, unsectarian views and papers. It seems to be filling a place not touched by the regular medical journal: *i. e.*, regular homeopathic and regular allopathic.

That was a wonderfully beautiful incident and devotion to duty at the passing of our dearly beloved brother and friend the elder Ludlam, when his son, though his heart yearned for his stricken father, yet, equal to the occasion, trained to give first thought to duty, he instantly picked up the scalpel where it fell from his father's rapidly stiffening fingers and completed the operation—thus saving the life of the patient on the table. But he never again saw his father in life! That was devotion to duty mingled with nerve, and none would have appreciated this more than the late deceased. There are heroes all around us, in civic as well as in martial life. Truly this son is a worthy successor to his father. Ought not this illustrious deed to inspire our poet laureate, Helmuth, or our later epigrammatic songbird, Gatchell, to commemorate it in fitting numbers?

The profession will learn with deepest sorrow of the death, after six weeks of severe illness,

of Clark, the youngest son of our friend and brother, Dr. O. S. Runnels. He had been suffering, as noted in one of our former issues, with ulcerative endocarditis, and died April 17 last. The AMERICAN HOMEOPATHIST sends its deepest condolence and sympathies to the bereaved parents.

**Dr. Morgan J. Rhees** of Mt. Holly, N. J., a member of the American Institute of Homeopathy, died on March 26, 1899, of heart failure. He was born on July 15, 1824, and, therefore, nearly seventy-five years old.

**Dr. Geo. B. Peck** of Providence issues his seventeenth annual circular to Institute members, propounding questions touching the treatment of typhoid fever. The purpose, as explained in the circular, is a good one, and everyone receiving this list of questions should take time sufficient to answer carefully.

The Cleveland Homeopathic Medical Society has arranged to meet in the new Chamber of Commerce building as it did formerly in the rooms of the "old" Chamber of Commerce. Thus settling the vexatious problem of whether it should meet in the Cleveland Medical Library building—which, in the minds of one faction, would have been a surrender into the hands of the allopaths.

In addition to the complete novel, "Princess Nadine," by Christian Reid, in the May *Lippincott's*, there is a scholarly "Review of the Philippine Question," by John Foster Kirk, author of "Charles the Bold"; a character sketch of "Philippe de Comines," by Emily Stone Whiteley; followed by interesting papers on "The American Fondness for Movements," by Edward Leigh Fell, and "Democracy and Suffrage," by M. L. S.

The Physicians' Municipal League of Cleveland, an organization formed preceding the recent mayoralty election, in the interest of good government, having succeeded in electing its candidate, is now turning its attention to the routing out of illegal medical practitioners in the city. As we understand it, the President of the Palmar Arch could give this Municipal League information that might be of value to them, but possibly not surprise some of its members.

Old Hahnemann of Chicago is another of those original seven-men homeopathic colleges, originally referred to by Brer Arndt; a band of men with an eye singled to the great purpose of building up a homeopathic college, that should be foster-mother to an after-coming profession of intelligent, upright, and homeopathic physicians. It has had of the best of the flower of the profession in its chairs as the years went by; and even to this day it is a strong homeopathic college, and worthy a first place in the college galaxy.

In the New York Transactions for the Forty-Seventh Annual Meeting when the Bureau of Gynecology is called the report is "No Report!" Think of that!

Say, brother preceptor, and you doctor down in the country, have you tried your newly returned student who graduated with all the honors blushing thick upon him—and from the homeopathic school? Well, do. Send him to some case of agonizing pain, and note with what consummate skill he will fit the homeopathic remedy to the case—with a full hypodermatic of morphine. Or to a case of winter cholera and watch him quickly and deftly, as to the manner born, fit the totality of the single remedy to the totality of the symptoms—in the form of an ethereal but exceedingly tight-fitting cork for the offending sphincter—taken from Hare, or Potter, or Ringer, or Bartholow, or other good homeopathic (?) books. Or to a case of obstinate constipation, and mark the cheerful celerity with which he will call for a "half-glass of fertilized water, please," and apply the single remedy of modified homeopathy, namely a seven-grain dose of calomel, or a half-dozen Homeopathic Combination Tablets, No. 44a!

That new malpractice suit in Cleveland for alleged bad work about a shoulder-joint should give new impetus to the cry for raising the standard. If it could be raised so high that none but gentlemen could matriculate in a medical college, or, having left the college, they would learn the golden rule in its practical application, there soon wouldn't be so much of this contemptible egging on to bring suit by a devil's-poor patient of one surgeon against another surgeon and brother in the profession.

It is singular, indeed, what a wonderfully weak spot there is in the medical profession in regard to its liability to suits from ingrates and others. Is there not enough of wisdom and cunning in the craft to draft and push to a successful issue some bill or measure looking to the protection of ourselves from unwarranted suits of this kind? Perhaps, if we would consult the clergy in this matter, as so many of us do in the matter of our college work from announcement to commencement, we might get a little help.

Don't be deceived by all this newspaper and journal and hurrah talk about special trains, and special railways, and special scenery, and special hard-boiled eggs on the trip to Atlantic City. You won't get a dollar's worth of ride or of anything else without paying a hundred cents for it. No tired doctor wants to be hauled up the hill and down again merely to get lots of scenery and more ride for his money. What he wants is a quick, comfortable ride to Atlantic City, there to cool off and wash off and get quiet. There is no special train to the Institute any more than there is any headquarters hotel. Every train going to Atlantic City is equally special. All trains that go to Atlantic City this year run thither and stop there. And everybody can go who has the fare. The Pennsylvania lines are not hanging their banners on the outer wall or filling the land with a tin horn: they are strictly attending to the railroad business. If you want to get to Atlantic City *cito, tuto et jocunde*, so to speak, see that your tickets read *via* this famous line. It will throw in just as much original scenery as any other road in the land. But it isn't all scenery with them. Don't be soft-soaped by any crowd of interested people to take their train in order that the said afore-said people may clear their own expenses on the commissions received out of your fare. The Pennsylvania is just as cheap as any line running to the East.

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#### The American Homeopathist.

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A. L. CHATTERTON & CO., Publishers.



# The American Homeopathist.

NEW YORK, JUNE 1, 1899.

FRANK KRAFT, M.D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



PHILIPPINA WAGNER, M. D.,  
Carson City, Nev.

OHIO.

Springfield.

Talk. Talkey. Talked.

Just kept on talking!

Procrastination was the word.

May be somebody will get sick—or die.

Or, may be, the Ohio University trustees will tire of waiting.

Or, perchance, the to-be-elected President of

the Ohio State University may frown upon the scheme.

Only one of the two colleges showed any fight on the university idea. *Pulte* saw the golden opportunity for homeopathy and cordially embraced it—asking only to be sure.

Of ninety-and-four Ohio State Society members who answered the committee's post-card, ninety were for, and four against the introduction of homeopathy into the Ohio State University.

And still when the objecting one-college folks got home and made their official report, it was to the effect that the State Society was about equally divided on the university question! So they took no active steps!

Why, man alive, what's bitin' you? It would be suicidal for us one-college people and one woman, with everything depending upon our continued continuance, to let this university idea prevail. We aint no fools—and we aint teaching for our healths.

What could we do with our several white elephants; our buildings, our hospital, our alleged homeopathic dispensaries, our m'ternitays, our burdensome debt, our letterheads and envelopes, and other "squealies"—[sequelæ]? Of course we're against it! Dead against it!

As it already is, one of our oldest residents and homeopathic practitioners, hospital man, ex-teacher, but clear-headed old chump, says that our college isn't good for more than about three years. That we are losing students every enduring year. But he's jealous. That's what's ailing him.

The American Medical Association won't like the plan. So the University idea will be a distinct failure. The supremacy of homeopathy in

a public way--the first time the open door was ever offered to homeopathy by any State--doesn't move us. Not one bit. Our standard of excellence is the equal of any university. We know. For haven't we been a university professor?

Then up rose Dewey, before the words of the ex-university professor had ceased to echo in that room—he up and says, says this Dewey—that a junior from this [boasting] college would be put into the sophomore class, or, even lower, in his university, because of inferior standard! Further he proved his allegations by facts, dates, and figures, and that the university plan is feasible and practical.

Mark the cheerful inconsistency of this one-college. Quite recently it graduated fifty-one men and women as and for homeopathic doctors to whom “no special lectures on the Organon, or the principles of homeopathy” were given. This was much to be regretted, said the professor-correspondent, but still a fact. And, further yet, he says that the Organon and the principles of homeopathy are taught only in the sophomore class. Along with bugteriology and microscopy and the other highly ornamental branches. [See *Medical Century*, May, 1899, page 149, top of page, second column, *et seq.*]

As every little helps, we will also memorialize the American Institute of Homeopathy, and have it pass some whereases and several resolutions discountenancing the University of Ohio idea, because of the excellency of standard in our college, and the needlessness for another homeopathic college in this State. Resolutions are easily written and sometimes easily passed. But look out for that new president: he is wide awake. And he may not fall in very readily with our schemes to throttle this first official recognition of homeopathy in Ohio.



### **Materia Medica Miscellany.**

Conducted by J. WILFORD ALLEN, M.D., 110 West 12th Street, New York.

References in this department are made by number. See issue of January 1 or December 15 of each year.

#### ***Psorinum.***

Curtis, in *American Med. Monthly*, relates a very interesting case as follows:

*Psorinum* is a remedy of prime importance in many cases. It is one of the dyscrasic remedies. The dyscrasia is the psora of Hahnemann. It manifests itself in disorders of the skin, in various forms of eczema, and in that condition which makes all the excretions of fever offensive. A case from my experience will illustrate it. A young lady, eighteen years of age, came to me with sores that were scabbed over in various parts of the body; the chin was covered, they were behind her ears, on her hands and arms, in the axillæ and other parts, and they had persisted since she was four years old, and though she went no farther back than that, I have no doubt the trouble extended to her birth.

For a short time I tried such remedies as sulphur and graphites without any apparent effect, until I gave her three powders of *psorinum*, followed by graphites. After *psorinum*, improvement promptly manifested itself. I was somewhat timid about continuing the use of that remedy, and recurred to it when there seemed to be a cessation of improvement, when I would again give the three powders with prompt beneficial effect. Once I laid aside my scruples and kept up the remedy for a week, with continued good results. It was a year or so before the trouble entirely disappeared, but the final result was a complete cure, and a complexion as fair and clear as any lady could desire. I recently came in contact with her father, though not as his physician. I learned that he had been suffering for years with a running sore on one of his legs, and I can personally testify to an almost unbearable odor from his person. His condition was doubtless the source of her trouble. Hers was an inherited dyscrasia without doubt, and *psorinum* alone was capable of so revolutionizing the system as to admit of a cure.

#### ***Saw Palmetto in Prostatic Enlargement.***

Case cited by W. E. Reily, M. D.,:

Mr. M., aged forty-five. Occupation, superintendent of County Hospital.

Previous history good. Had been suffering for about a year with gradually increasing frequency of desire to urinate.

Very despondent.

Mind distressed.

Appetite capricious.

Little sexual desire, the indulgence of which is followed by dragging pains in the small of the back, some tenesmus of the bladder, but more trouble to get the water started.

Stream small and lacking in force.

Coldness of external genitals, with some pain of a dull aching character in the region of the prostate and extending to thighs and abdomen.

I gave saw palmetto 5 drops night and morning. Symptoms gradually improved until after three weeks there was no vestige of trouble whatever, nor has there been any return.

#### *Vesicaria in Acute Prostatitis.*

Halbert<sup>3</sup> gives case as follows:

Mr. H. was a hard-working young man whose vocation demanded much outdoor exercise. During the recent inclement weather he contracted a severe cold and suffered somewhat with lumbago. Falling into the hands of some "official" enthusiast, his lame back was accounted for by the usual fissure and papillæ theory. He suffered accordingly the customary financial and sphincter dilatation; his suffering, instead of being relieved, was greatly augmented, and soon he experienced the fever and extreme rigors incident to an acute attack of prostatitis. Micturition was painful and difficult and soon hematuria ensued; his pain and nervous exhaustion were so extreme that he was put into the hospital and for a time was only relieved by hypodermics or morphine. The urinalysis showed a decided presence of albumin, blood clots, and much pus. It was necessary to resort to the use of the catheter, and defecation was extremely painful. He was given vesicaria 1x, hourly for some time, and the relief, though gradual, was pronounced. The painful tenesmus was alleviated, and soon he was able to void the urine naturally. After three weeks of hospital care and the continued administration of this remedy he is about able to go to his home.

The value of this remedy [is] observed in its primary action upon the prostate and its secondary relief of the resulting cystitis. I am sure it is almost of specific value in such obstinate cases which are so difficult to cure.

#### *Apocynum Cannabinum.*

T. S. Dabney, M. D.,<sup>2</sup> in summing up remarks regarding this drug, says: It cannot be said that in all cases where used success resulted, but in a considerable proportion improvement followed. In many ascites was relieved. It appears to act upon the heart, strengthening its action in a similar way to digitalis, but the author thinks even more powerfully. He says it does not slow the normal heart, but regulates the action of the weak and dilated organ. Presumably its diuretic effects are due to this power of strengthening the heart-beat. Further recommendations are the harmlessness of the drug,—for an overdose causes vomiting,—and its agreeable taste.

#### *Aloe in Diarrhoea.*

Whiting of Danvers, Mass.,<sup>4</sup> cites the following:

Mrs. —, age forty. Morning diarrhea for many years past, comes on every morning after rising and continuing till 10 A. M. Stools yellowish, thin, fecal, accompanied by much flatus and an immediate irrepressible desire for stool; cannot delay one minute. Aloe 30 was prescribed for the case, a powder dry on tongue night and morning. Having taken only four doses of the aloe, the stool became of normal consistency, and the case became one of scabies over the entire body. Upon inquiry it was ascertained that she had itch when about ten years of age, and that it was treated by inunction of sulphur and lard, and she was of opinion that the diarrhea had been her constant companion since about that time, a period of thirty years. She received no further medicine, and in three days' time the power of the drug that had produced the scabies also effected a cure of the same, with no return of diarrhea.

#### *Magnesian Salts.*

Lehman, in Raue's Record, says:

Magnes. carb., magnes. mur., and magnes. sulph. have all very hard stools, which does not appear to be the case with Magnes. phos. Magnes. carb. seems to have the hardest stool, as it has been likened to stone. The hard stools of magnes. carb. and magnes. mur. are often crumbling; the stools of the latter are described

as knotty like sheep's dung, enveloped with thick mucus. The stools of magnes. sulph. consist generally of a few hard pieces like nuts, not forming conglomerates like sheep's dung. The constipated stool of magnes. phos. is described simply as tedious stool, hard at first, soft afterwards.

Hahnemann speaks of magnes. carb. as having shown itself especially useful in chronic diseases where among other symptoms costiveness is present; and of magnes. mur. that it has done good service in constipation where the stools "are lumpy, hard, difficult, insufficient, retarded;" and in "chronic disposition to diarrhea."

Burt speaks of:

A lady, aged twenty-six, who was confined two years ago; and since that time has been troubled with constipation; stools, large and in hard lumps; bowels move about every eight days. Every few days has much pain and distress in the hypogastric region; pale and weak, otherwise well. Is in the habit of taking a cathartic every three days. The symptoms in this case are the true characteristics of *magnesia mur.* It was given in the 200th dilution; one dose acted in twenty-four hours like a cathartic, but without pain, and in two weeks she reported herself as having a natural stool daily, and feeling in better health than she had for the last two years.



No one can be too careful about introducing a stranger on the floor of a body of delegates in session. There is no telling what that stranger may have up his sleeve. At Springfield, an old-school doctor was seen seated among the homeopaths, courteously listening. The chairman of the bureau under treatment was so informed, and at once stopped his bureau and asked that the stranger be invited to say something. And he did. He was loaded to the eyes with osteopathy! *Verb. sap. sat.*

The California State Homeopathic Medical Society met May 10, 11, and 12, in the Arcadia Hotel, Santa Monica. An inspection of the programme shows a goodly array of papers, well titled and prepared by men and women well known in the Pacific Coast profession.

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### REUBEN LUDLAM, M. D.

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THIS morning, April 30, the message was conveyed to us that Dr. Reuben Ludlam of Chicago had, on yesterday, passed over to the Great Majority. He had been engaged in a dangerous surgical operation upon a woman-  
clinic in the Hahnemann College Hospital, when stricken with heart disease, and removed to an adjoining room. His son, Reuben, who had been acting as assistant, instantly took up the knife where his father had dropped it and completed the operation, though by so doing he never again saw his father in life.

This was a man, taking him all in all, we may ne'er see his like again. It was an honor to know and count him for friend. He was of that Old Guard of which homeopathy has been singularly fortunate in having had a goodly number, who die but never surrender! Blessed be their names! Reuben Ludlam was a good man, a man of many parts, educated, polished, a successful doctor, a zealous homeopath, and a surgeon of the first rank, even in this day of great surgeons.

We know naught of his age, nor his ancestry. We have not learned whether he went to school only in the winter months and worked for his board in the summer or not. We are not concerned to hear whether he was raised in affluence or, in poverty, raised himself. Nor do we know what he left to his family, if he left anything beyond the heroic son already referred to. We are not interested unduly in the size and splendor of the funeral cortège, the number of honorary and active pall-bearers, nor the many words of eulogy spoken by friends and relatives and reverend clergymen at his coffin-side. These be but the tinsel trappings, the pomp of woe that mark the fashions of grief, which soon pass away and are forgotten. But we do know, and every one of his professional and social friends knows full well, that Reuben Ludlam was one of nature's noblemen—beloved and mourned by all who came in contact with his personality, respected and highly regarded by every professional brother who has heard him read or speak, or read after him in the many, many contributions to homeopathic literature, in the many

official and semi-official and editorial positions he has held in his long and active life.

Reuben Ludlam was one of the homeopathic pioneers and sappers. He became identified with homeopathy in that early time when it meant something besides bread and praise to adopt the system, and something yet more debasing to have deserted the old school for the later heresy. But he was pre-eminent for that courage which burns men at the stake for opinion's sake. He became a member of the great American Institute of Homeopathy in 1857, and was ever a faithful hard-working member thereof. He was one of the champions, if not the leader, in the movement for admitting women into the profession, and into the Institute. And the gentler sex has not forgotten his devotion to their cause. He was singularly unostentatious in his public as in his private life. He was a lover of plainness and directness of method. Every student will bear witness to that. And every reader of his numerous essays, and his great book "Diseases of Women," will bear testimony to the same love of truth and simplicity. The title of his book shows that. Instead of christening it with the Greek name he preferred to consider the subject, as he did to the last, a mere branch of surgery. He had a most praiseworthy dislike for parade of empty titles, having early imbibed the democratic idea of the worth of MEN; and no one was more regardless for his own prominence in the profession than was Reuben Ludlam. He stood to his duty even to the last minute of his life and took no heed how to advance himself over others.

Reuben Ludlam had, himself, but recently recovered from a dangerous surgical operation. The profession waited with bated breath for news of the passing of the crisis. And a great load fell from its heart when it read from his own pen in his own journal, *The Clinique*, of his return to health and work. Yet the Angel of Death stood near!

We have before us a little red slip upon which he penciled a message to us, upon reading in the AMERICAN HOMEOPATHIST our mortuary tribute to the memory of Cornelia Stettler, his favorite assistant and helper, who died in mid-ocean. The thought running through that

memorandum was the mercy of sudden and painless death. And now Reuben Ludlam was accorded the same mercy, and—better! It was his to die in the harness, in the work to which he had given his life's best and latest activities, his stiffening fingers grasping the scalpel with which he had carved his way from obscurity to enduring fame! What greater mercy can our loving Father grant his tired children than a painless translation, in the midst of life's sunshine, surrounded by our intimates, at a good age, in warm blood, and content that the mantle shall fall upon the shoulders of some younger Matthias. It is the ideal passing of a great and noble soul!

Verily, verily, the Angel Azrael hath been busy with our Old Guard since last we all met in health and strength at Omaha. Who at that time, amid the heat without and within the Institute, could foresee that four such eminent men, from the same city, should be laid by the heels on life's grassy Marathon, ere another meeting of that Institute! And yet, alas! where one thus stricken falls in the furrow, a hundred rise to take his place. The world is unconcerned. A little sorrow, a little mourning, a little hillock with fresh cut-flowers, a little giving to whereases and resolutions, later a few perfunctory lines in a brief and hurried-over memorial service, and the tale is told! On with the dance! Let the dead bury the dead! Ours the duty to the living. No time for thought, much less for tears, at the bier of this great man! Ours the efforts to overreach our professional brother around the corner, or smudge him who is a little higher in life's scale! And so we of the younger generation meet and plot and plan, never reckoning with the unseen and unbidden guest who may touch the one or the other of us next with the wand of Immortality. We meet and struggle for temporary place in the world's pageant. We undo the friendships of a lifetime to gain a little passing preferment. Every nerve is put upon the keenest stretch to out-reach and overstep some brother for that which may prove as apples of ashes in our teeth. We give no heed that to-day we may not live to see its setting sun, nor wake upon the newer morn. But blessed be God! not so with our departed brother. His acts of benevolence and great-

hearted charity have endeared him to his after-coming brethren. And when all the perfunctory ostentation and passing sorrow have been forgotten, and the little hillock is grassed over, Reuben Ludlam will still live in the hearts and minds of his many friends and brethren.

Men and women—brothers and sisters—to this sad fate are we all hurrying fast. It is the bitter cup of death, from which not even the Saviour of the world was exempt. Those of us who stand so straight and proud in our conscious health to-day, will lie low to-morrow! Give over a little the mad chase for earthly honor and live in the actual present. Enjoy the love and friendship and flowers that lie nearest you. Give your hand in loving sympathy to that brother a little lower down the ladder than yourself. Forget not the weary, perilous days and nights when you too climbed those cruel rounds with bleeding hands and tired feet; with sinking heart praying for that light of dawn which seemed never to come. The heat of strife causeth many a heart-pang, and many a long-loved friend will bite the dust. No man knoweth the temptations of his brother. Let us be charitable. Let us be great and noble and forgiving, as was Reuben Ludlam. He has run his race. He is at rest. He has met and vanquished the most inveterate foe of man. He is with his brethren. Let his life and the beautiful taking leave thereof be as a memorial to us who are permitted to abide here yet a little while to so live that when the summons comes to join the innumerable caravan we, too, may lay down the scalpel, and turning our tired eyes toward Life's setting sun, close them in Eternity's Last Sweet Sleep! Fare thee well, brother. May we meet thee on a brighter shore!



#### CLEVELAND'S SHAME.

THE *Cleveland Journal of Medicine* for May, 1899, gives an editorial under the title of "The Passing of Homeopathy." After reciting the names of the Cleveland ex-homeopaths who have taken the old-school degree, it says: "The steady assimilation of homeopaths which is constantly going on in this city and elsewhere should be hailed as one of the encouraging signs of the times . . . there should be no disposition

on the part of the profession to regard this shifting as a matter of triumph to itself, but simply as an evidence of progress and honesty on the part of our new colleagues upon which they should be heartily and sincerely congratulated."

This public avowal of allopathy by our former brethren makes it all the harder for the remaining homeopaths to answer *why* the homeopaths went over to the allopaths. It has been known for some time past that many pseudo-homeopaths had been practicing allopathy, but without taking the public degree; but this "slump" of sixteen, and in this public way, is difficult of explanation to the laity without airing some of our dirty linen.

A number of these sixteen ex-homeopaths declare they found it necessary to know allopathy as well as homeopathy. Doesn't that show they never knew homeopathy? Who loves twice, say the French, has never loved. The cause of this false view of homeopathy? It comes from that good-lord-good-devil teaching, that the law of similars is not the law of similars. That it is merely an optional rule. That there are other laws of cure, any one of which may be better than homeopathy. This is what the students hear in some of our colleges: it is what one graduating class heard only a few weeks ago from a prominent homeopathic professor at the graduating class banquet.

As to these sixteen: we feel sorry for them. Among them we number many personal friends. They are honest in their new allegiance. Forgive them, they know not what they do. The fault is *not* with the seceders. It is back of them. It is in the damnable teaching which has been holding the homeopathic chairs in some of our alleged homeopathic schools. If these sixteen had been taught HOMEOPATHY—and understood it—and not merely listened to a hundred or more perfunctorily delivered materia medica lectures, without therapeutics; with no way to apply the materia medica symptoms that were shoveled into them at stated hours so many times a week; with a dispensary, which in some departments, so much bragged about, even to this hour, prescribes nux and iris in alternation for every woman case that comes along—if the experts hadn't all been operators in mechanics—these sixteen would not have gone over into allopathy. Teach homeopathy in homeopathic colleges!

### ***A Clinical Contribution to the Treatment of Anaemia.***

GEO. TAYLOR STEWART, A. M., M. D.,  
New York.

The desire to obtain an albuminous preparation of iron which will be absorbed with the proteid molecule, without being affected by the process of digestion, has engaged my attention for a long time. The so-called albuminates of iron cannot be said to have realized this object. In view of the fact that albuminous substances require to be digested before they can be absorbed and assimilated, this would show that a ferruginous combination with albumin cannot be taken up into the system in its own form. It seems probable that during the process of digestion the iron will be disassociated from the proteid molecule, and will form other combinations in the stomach, hence many of the advantages of giving iron in form of an albuminate will be lost. To obviate this disadvantage, the so-called peptonates of iron have been brought forward, and it has been argued that in this combination the absorption of iron has been greatly facilitated. As a matter of fact, however, the iron is not present in firm combination with the peptones in such preparations, but only in a mechanical mixture, so that it is incapable of being absorbed in the form of a peptonate.

Physiological researches of late years have shown that in the form of albumoses, nitrogenous substances require little, if any, preliminary digestion, but are rapidly absorbed and reconverted into the albuminous constituents of the blood and tissues. Owing to this fact they do not tax the digestive functions and are entirely free from disturbances of the alimentary tract. There was every reason to believe that if a stable combination of iron with albumoses could be prepared, the desire for a readily assimilated proteid iron preparation would be realized.

Several years ago, a food product was brought to my notice, in which the albumins have been converted by a special process into albumoses. This preparation, named somatose, has since been employed by me in a large number of acute and chronic diseases. I found that under its administration there is not only a rapid gain in flesh and strength, but also a marked improvement of the condition of the blood in cases of anæmia—a fact to which attention has also been directed by other observers. When, therefore, several months ago I became acquainted with a com-

bination of somatose with iron, I believed that my previous search for a true ferruginous proteid had at last been successful. By the use of ferro-somatose, a method has apparently been found of directly introducing into the system not only a large amount of the most assimilable nourishment, but also pure iron in firm association with the proteid molecule.

My experience with ferro-somatose leads me to believe that it is directly absorbed with the proteid molecule in the stomach and intestinal canal, without undergoing any disintegration through the digestive process; in other words, that the conversion of these ferruginous albumoses into hemoglobin and tissue albumin takes place more readily, rapidly, and completely than in the case of other albuminous iron preparations. That the iron in this product is not in the ordinary form of a loose chemical mixture, but enters intimately into the constitution of the proteid molecule, is shown by the fact that it is irresponsive to the ordinary tests for iron compounds and is combined with somatose in a stable and firmly fixed form. This accounts for its ready assimilation and absorbability.

Ferro-somatose occurs in the form of a tasteless and odorless powder containing 2 per cent. of pure iron. As the average dose is a small teaspoonful, about 50 grains, three times daily, the amount of iron administered pro die, would correspond to that contained in a customary daily dose of Bland's Pills. The fact that ferro-somatose is freely soluble in all ordinary fluids permits of its being administered in a variety of ways. Thus it may be given in milk, soups, broths, sweet wines, beer, etc., without exciting the least repugnance or without the patient tiring of it after its administration for some time.

The solutions are best made by pouring the dose upon the surface of about one-half glassful of hot water, and then allowing the fluid to stand without stirring, until the powder has been completely dissolved, which will require about ten to fifteen minutes. By taking this precaution, a clear brownish solution is obtained, which may be taken in this form or mixed with the above-mentioned liquids.

Before reporting the results of my experience with ferro-somatose, it may prove of interest to briefly review some of the chief observations made with this product.

Dr. E. Roos (*Therapeutische Monatshefte*, Sept., '97), reported the results of a number of careful investigations made at the Polyclinic of Freiburg. The patients, for the most part,

were affected with marked chlorosis, and it is noteworthy that during the entire administration of ferro-somatosé, no change was made in their manner of living or diet, so that the improvement obtained must be directly attributed to the use of the remedy. In all the cases there was a rapid increase in the percentage of hemoglobin and in the bodily weight. The doses varied from 75 to 150 grains daily. These doses were always well tolerated and were never found to produce constipation; in fact, in three cases, a slight laxative tendency was observed. In conclusion, Roos states it as his conviction that this preparation combines the well-known nutrient properties of somatosé with those of an efficient iron preparation.

Dr. H. Goldman (Allg. Med. Central Zeitung, No. 49, 1898), employed ferro-somatosé in about thirty cases, in all of which careful examinations of the blood were made during its administration. The patients were all pronounced cases of chlorosis, their ages varying from 17 to 22 years. In four of the cases referred to in his article, the percentage of hemoglobin increased from 28 to 70, 56 to 86, 38 to 80 and 26 to 71 per cent., respectively. This observer also emphasizes the considerable improvement in the general health occurring after the use of the drug, and its freedom from all constipating tendency.

The latest contribution on the therapeutics of ferro-somatosé is by Dr. J. F. Werner, of the Imperial General Hospital of Vienna. His observations, published in the Wiener Medicinische Presse, No. 50, 1898, were made with extreme care, the blood being examined before and during the administration of the drug, both as to its percentage of hemoglobin, specific gravity, and number of red and white blood cells. In the 9 cases of chlorosis, which are reported in full, there was a rapid increase of hemoglobin percentage and of the specific gravity of the blood. In cases in which there had been a diminution in the number of red blood cells, this was followed regularly by an increase up to the normal level, or even somewhat above. In connection with this improved state of the blood, there was usually an increase in weight ranging from two to twelve pounds. Comparative tests made with ferruginous mineral waters and with spermin, gave much inferior results. In conformity with the above observations, Werner also emphasizes the advantage of ferro-somatosé over other chalybeate preparations as regards its entire freedom from gastric or intestinal disturbances. His experience has

been that this remedy stimulates the appetite and never induces vomiting, gastric discomfort, constipation, or diarrhea. In several cases in which the menses had been absent for some time, they reappeared under its administration, and in all of them there was a prompt and considerable improvement in the subjective condition of the patients.

The first of my cases to receive the ferro-somatosé was a young man, aged 28, who had been suffering from typhoid fever, followed by a relapse. His fever continued for over 120 days, and he became a physical wreck. On the 14th of January he was placed upon ferro-somatosé and continued to improve steadily. The red corpuscles increased rapidly, as the following tables of blood counts, made by Dr. G. M. Chamberlin, shows.

January 15, 1899.

#### EXAMINATION NO. 1.

Specimen of blood obtained by puncture with scalpel of ball of left thumb at 12 M., and diluted 200 times with Toison's fluid.

Poikilocytes noticeably numerous.

0	1	7	4	1	3	2	2	4	3	3	4	3	7	4	2
3	4	4	2	3	4	2	4	3	4	2	3	1	1	4	1
4	3	3	5	1	0	5	1	0	3	1	8	1	1	2	3
5	4	2	0	3	7	3	3	1	1	3	1	1	3	2	1
1	5	3	5	3	6	2	3	5	3	3	3	3	0	3	2
6	3	2	2	7	3	2	2	4	5	1	2	2	2	2	5
4	5	1	2	4	0	5	6	2	5	3	3	4	2	2	6
4	3	5	3	5	2	7	3	5	2	4	3	1	0	2	2
2	1	2	0	6	4	1	3	3	1	2	5	4	4	1	4
1	3	3	3	1	4	4	4	1	6	1	3	2	5	1	1
2	2	3	5	3	2	3	4	5	1	2	2	2	3	2	2
5	3	2	2	0	4	3	3	3	3	2	0	1	4	2	3
5	3	0	3	5	2	4	3	2	6	0	5	4	3	5	1
7	4	1	4	6	4	2	6	3	2	3	3	1	3	1	2
4	1	2	2	6	6	1	5	3	1	1	5	2	6	4	6
3	1	6	1	2	4	4	5	7	2	4	4	5	1	2	1
7	1	2	2	2	1	2	1	4	2	1	3	5	2	4	3
4	4	3	6	4	2	4	2	4	0	0	1	0	5	3	2
1	2	1	1	2	3	7	2	1	2	2	5	3	0	3	2
5	2	3	0	2	4	8	5	1	2	4	4	3	4	2	6
3	4	4	3	5	6	4	5	2	0	0	0	2	2	3	2
1	0	3	1	6	2	4	5	0	2	3	3	2	2	2	2
5	1	3	3	3	1	5	1	5	2	0	4	1	2	1	4
5	1	3	8	1	0	3	5	0	0	3	4	0	2	2	1
4	1	6	3	3	5	4	2	5	2	2	2	3	1	4	3

Total, 1150

\*2,300,000 red blood cells to 1 c. mm. blood.

January 22, 1899—12 M.

#### EXAMINATION NO. 2.

Poikilocytes much less numerous.

4	3	3	4	4	4	6	3	1	4	4	0	6	2	4	6
5	3	1	1	1	0	6	4	5	2	3	6	3	4	6	2
0	1	0	2	3	1	1	3	2	4	4	5	1	1	5	2
2	1	2	3	2	4	3	5	5	3	4	2	6	5	6	6



February 5, 1899—2 P. M.

## EXAMINATION NO. 4.

No poikilocytes.

0	2	7	5	4	2	4	4	4	4	9	7	5	5	2	3
4	3	1	2	7	6	3	2	3	3	4	7	4	6	7	5
3	5	5	3	4	2	7	4	5	2	5	3	3	4	2	7
3	0	2	4	6	6	2	3	6	5	2	4	7	9	7	1
0	4	3	9	4	2	8	3	12	2	5	6	3	3	2	3
3	5	3	1	3	4	2	6	7	6	5	5	5	2	8	2
5	10	7	4	3	0	1	7	2	5	4	1	1	2	3	2
2	2	2	5	3	3	4	4	4	6	6	1	5	4	11	3
3	6	7	2	2	4	3	7	2	3	2	4	3	3	4	1
5	3	4	3	11	3	2	1	4	8	5	3	7	7	4	3
9	4	6	7	6	3	6	7	0	5	2	4	5	2	9	3
9	3	1	5	5	6	6	6	5	6	6	4	7	4	5	8
4	2	9	3	1	4	3	0	1	3	3	3	1	7	3	5
6	4	1	9	4	2	4	8	7	0	0	2	5	5	1	2
4	7	2	2	7	3	4	1	3	1	2	3	9	2	5	3
2	2	0	2	4	9	11	4	4	3	3	3	2	2	3	2
3	1	0	0	3	3	1	5	4	3	0	6	4	3	7	3
1	3	6	1	12	4	1	1	3	1	11	0	1	3	1	3
4	1	3	4	3	1	2	5	3	4	0	0	4	4	0	4
2	2	0	3	4	0	1	3	3	1	4	2	4	5	0	3
3	3	1	1	1	6	1	3	5	3	2	8	3	7	6	5

Total, 1748

2,856,000 red blood cells in 1 cc. of blood.

January 29, 1899.

## EXAMINATION NO. 3.

Poikilocytes rare.

3	5	8	10	4	11	8	6	9	8	7	6	5	5	9	8
7	9	5	6	7	10	2	5	10	10	9	8	9	11	8	6
13	6	13	6	5	6	7	11	5	7	10	8	6	1	3	7
8	2	7	9	6	5	2	8	7	7	7	5	5	6	3	6
6	7	7	7	3	0	5	5	12	9	4	5	9	5	5	4
6	4	3	10	4	6	7	5	8	5	3	4	1	5	3	2
7	8	6	4	14	4	7	4	7	5	6	4	6	5	4	4
9	7	9	4	6	6	4	8	2	6	4	9	5	4	7	7
5	7	8	4	6	2	7	8	12	7	5	6	7	6	0	4
4	6	8	2	8	3	6	6	6	5	3	9	6	12	12	9
7	4	5	10	8	5	4	6	3	5	4	3	5	10	9	8
3	7	9	6	8	11	9	3	3	8	4	9	11	6	5	8
4	2	6	5	4	7	6	5	5	6	5	5	5	6	5	8
4	6	1	8	5	9	4	8	6	7	2	4	3	9	7	8
10	5	4	4	10	5	5	3	4	4	3	3	6	5	7	4
7	6	6	5	4	5	6	6	3	7	6	6	6	4	6	6
5	4	7	4	5	6	5	9	4	3	9	6	2	5	2	5
6	4	7	7	6	6	7	7	5	5	7	4	4	5	7	4
5	7	5	6	7	8	3	5	3	4	7	3	5	3	4	9
4	5	3	5	7	7	8	5	8	10	6	6	3	3	6	8
6	1	6	11	6	5	6	5	4	6	3	9	8	7	11	3
8	5	7	10	5	5	9	6	7	6	7	0	6	5	7	3
9	4	7	6	5	2	6	3	6	3	3	5	3	8	5	4
5	7	9	4	6	12	7	6	5	5	3	2	2	5	3	5
6	4	7	11	9	4	6	4	8	14	10	5	7	10	6	5

Total, 2377

4,754,000 red blood cells in 1 cc. of blood.

4	2	2	4	7	5	2	4	8	3	2	3	4	6	2	0
6	2	3	2	3	6	4	5	1	2	5	5	5	9	4	3
3	5	0	1	3	3	7	6	5	4	4	4	4	4	4	0
0	2	5	2	3	3	5	7	0	4	2	3	5	3	6	4
0	2	0	2	2	4	5	3	4	2	3	3	3	4	6	5
3	2	4	3	3	1	2	5	3	2	3	4	3	4	3	1
5	2	5	2	4	2	2	4	4	2	3	6	4	4	2	2
5	6	0	4	5	3	1	6	5	2	5	3	2	5	3	2
5	2	2	3	2	5	2	3	5	4	7	3	3	4	7	5
2	2	4	2	3	1	2	2	2	3	3	4	5	4	4	5
3	2	4	2	2	3	2	5	4	2	5	1	4	2	4	5
2	4	4	2	5	5	4	5	5	4	2	4	5	6	3	5
7	5	5	3	7	2	5	4	5	3	4	7	3	4	5	5
1	3	4	0	5	3	2	2	5	3	2	2	4	5	4	5
3	3	5	6	3	4	1	5	3	6	6	4	2	2	5	4
5	4	5	6	8	2	0	2	4	3	1	3	3	4	7	6
5	5	3	3	4	1	4	3	3	4	2	5	3	0	1	2
2	5	3	4	2	4	5	5	3	3	2	0	3	2	3	6
4	4	2	6	5	2	2	5	2	2	3	5	4	4	2	6
3	2	2	4	3	4	2	4	1	1	2	3	4	5	5	3
6	3	4	5	9	3	2	3	5	6	5	6	5	5	2	4
10	3	6	5	5	2	3	4	2	2	4	4	5	7	5	5
6	4	5	2	4	4	3	5	5	3	2	4	6	4	6	2
5	3	4	6	3	5	0	3	5	3	6	5	5	4	3	4
6	7	9	7	7	6	4	5	5	6	4	7	5	4	6	3

Total, 1498

2,978,000 red blood cells in 1 cc. of blood.

February 7, 1899—5 P. M.

(Resting all afternoon in bed.)

## EXAMINATION NO. 5.

8	7	5	4	3	6	9	11	4	6	2	8	7	5	9	5
4	3	3	7	9	3	3	4	4	4	6	5	11	9	6	4
6	4	3	4	5	7	4	6	3	4	7	0	5	4	2	6
7	4	4	3	8	5	4	7	10	4	7	3	4	9	5	5
5	3	4	5	8	3	3	5	6	7	3	3	6	9	9	7
4	1	3	6	3	3	7	2	9	9	13	9	7	10	3	4
5	5	4	9	6	3	5	6	9	8	4	5	4	4	6	6
6	3	1	3	3	3	5	7	5	3	4	9	6	5	5	10
3	4	1	4	7	6	8	7	8	5	6	5	9	9	8	7
5	5	3	3	7	3	8	9	6	8	5	9	13	9	5	11
5	4	5	2	9	8	6	7	10	5	7	5	6	7	5	10
3	5	3	2	3	5	5	6	8	5	4	3	4	7	5	4
8	10	2	4	9	4	7	8	7	11	8	5	11	8	6	8
12	12	11	7	8	12	11	7	10	7	7	10	13	6	7	4
5	6	6	6	7	5	6	6	4	3	4	3	5	6	10	6
9	4	5	16	8	2	2	6	6	7	6	3	8	6	6	3
9	2	7	6	7	4	4	5	6	4	6	9	5	9	6	7
5	1	6	5	6	4	8	6	5	4	5	5	6	4	8	6
5	4	5	5	6	12	3	4	4	2	3	1	5	3	4	4
2	2	3	1	5	3	4	4	6	8	3	6	6	6	8	7

Field lost through accident.

Average on basis of 336 squares.	8	13	12	7	3	8	4	4
	8	4	4	2	12	4	2	9
	10	5	10	8	10	5	6	6
	5	1	6	6	1	9	3	9

Total (336 squares), 1979  
4,712,090 red blood cells in 1c. cm. of blood.

February 15, 1899—5 p. m.

#### EXAMINATION NO. 6.

5	8	11	10	12	10	10	10	8	4	8	6	7	4	8	9
9	3	4	9	8	6	7	6	7	3	6	7	6	4	6	6
6	5	3	6	4	4	9	9	6	6	8	9	5	7	3	4
6	5	6	2	4	4	6	3	4	7	8	5	6	7	4	11
5	6	5	2	5	9	6	6	7	12	6	7	9	2	5	3
15	6	7	6	7	7	5	6	3	9	4	7	7	3	9	10
8	7	2	6	9	10	3	12	5	5	8	3	3	4	2	9
5	8	4	8	6	9	5	5	6	2	8	1	3	5	10	11
10	5	5	10	5	3	5	6	7	14	5	10	11	4	16	9
8	11	8	7	7	6	5	7	3	10	6	8	5	12	5	6
3	5	8	9	3	7	6	4	1	7	8	9	6	8	3	8
11	11	4	9	8	4	11	7	7	7	7	8	10	6	9	11
11	7	4	8	9	11	4	5	10	7	9	6	8	8	8	6
9	5	7	5	5	6	5	6	6	5	11	6	7	1	4	4
7	5	4	5	5	8	7	6	7	3	6	5	9	2	5	6
4	7	7	6	3	4	6	7	6	3	6	7	5	8	10	14
8	8	7	7	8	5	5	10	3	3	5	0	1	7	5	4
8	6	6	6	3	6	6	5	4	5	5	10	4	1	4	6
10	9	6	8	5	7	5	7	4	5	1	11	8	1	2	6
8	4	7	7	8	3	4	2	4	6	3	2	5	8	1	4
6	1	3	7	7	2	4	1	3	5	6	4	5	5	3	5
5	12	5	4	6	5	6	2	2	3	2	1	5	4	6	11
2	4	7	5	9	5	4	7	3	7	5	2	8	3	4	8
7	3	4	6	10	7	5	2	2	5	4	5	6	6	4	6
9	11	14	13	7	9	3	6	4	4	5	5	7	9	4	3

Total, 2443  
4,886,000 red blood cells in 1c. cm. of blood.

Second Case.—A young lady, 18 years of age, extremely chlorotic; menstruation irregular and profuse; pains in the back, simulating a disease of the vertebræ, with sharp, cutting pains in the left knee. The pain in the knee had made it nearly impossible for the young woman to walk. She was given the ferro-somatose, and as her general condition improved, all pain left her.

Third Case.—A little girl, 7 years old, had chorea, with all the accompanying anæmia and nervous debility. She was put upon the food, and although the disease took its usual length of time to run, it never went beyond a certain stage after the administration of this remedy was begun.

Fourth Case.—A woman, 42 years of age, with a vesico-vaginal fistula, improved so rapidly under use of ferro-somatose that, although she had been unable to sit up, she now gets around quite freely, and has regained her

strength, so that she is now ready for operation. The following tables were made by Dr. W. W. Stebbins:

February 13, 1899.

#### NO. 1.

1	4	2	4	1	1	2	2	1	2	3	3	2	7	4	2
2	3	2	2	2	1	1	5	2	1	0	2	4	4	2	1
2	2	0	6	3	2	1	8	5	6	1	1	1	4	2	3
2	2	1	2	2	1	2	2	3	2	4	4	4	0	1	6
3	1	2	1	4	2	2	4	6	5	4	3	5	7	3	2
2	1	3	3	2	1	4	1	2	3	9	3	5	0	4	0
3	1	2	1	2	5	3	5	2	2	4	4	5	7	2	3
1	1	2	1	3	2	3	2	1	4	4	4	1	4	2	2
2	3	3	2	4	1	1	1	1	3	4	1	3	3	1	2
2	1	4	4	2	4	4	4	1	2	1	1	1	4	3	3
2	1	2	1	2	2	2	3	2	3	0	1	5	3	1	2
2	1	3	1	3	3	1	0	3	3	6	3	3	5	3	1
3	6	2	1	5	0	1	3	7	2	1	2	2	1	4	1
4	4	2	1	3	1	7	0	3	2	5	1	2	1	2	3
4	2	3	1	1	2	2	3	3	1	1	3	2	3	2	1
6	2	2	3	2	5	5	2	3	5	1	1	2	2	1	5
3	3	4	0	2	4	6	5	2	3	3	5	2	2	6	0
2	1	2	4	2	4	5	2	4	1	2	1	3	5	2	1
2	7	0	9	3	2	4	1	0	2	4	2	2	3	1	1
3	3	4	3	4	4	1	2	2	1	3	2	2	2	3	4
3	5	3	3	3	4	4	2	2	0	1	7	3	3	2	3
2	1	3	3	4	3	4	9	2	1	1	2	2	0	1	2
4	1	4	3	2	4	2	6	1	0	3	0	0	1	2	2
2	1	1	1	3	4	1	3	3	1	4	3	3	6	3	6

27 29 22 28 29 23 25 23

139 86 78 88 93 85 93 98 61 55 69 59 64 77 57 56

Total, 1188  
2,376,000 red blood cells in 1c. cm. of blood.

February 20, 1899.

#### NO. 2.

4	2	3	4	2	4	3	3	1	3	2	4	2	1	4	6
4	1	5	8	5	2	4	4	4	4	3	4	2	2	5	0
5	4	4	2	7	3	3	3	2	3	3	4	2	6	1	1
5	6	4	6	4	5	2	5	5	1	2	1	2	1	4	3
2	5	5	6	3	4	6	2	6	1	2	3	2	6	3	5
0	1	1	3	4	2	6	4	1	3	2	4	2	3	3	1
5	1	9	1	5	4	2	2	5	4	3	3	3	3	4	3
5	5	4	4	5	4	2	4	1	3	2	5	2	1	1	3
3	2	3	5	5	3	5	5	2	2	2	4	1	3	2	3
3	3	3	4	5	3	3	1	2	1	3	3	3	0	0	4
2	2	4	0	2	2	5	2	1	1	3	3	3	4	2	2
5	5	1	2	6	2	4	0	3	1	1	2	2	3	2	4
5	0	3	5	1	7	4	4	1	1	3	5	2	2	0	2
4	4	1	5	7	3	4	2	1	1	4	3	2	2	3	2
4	2	1	3	3	2	3	7	2	2	1	0	1	0	2	3
2	9	3	1	3	4	2	7	4	0	3	2	4	2	6	2
2	5	5	1	3	3	5	6	6	3	3	5	2	2	3	3
2	5	5	4	7	3	2	5	3	1	2	4	1	2	2	4
3	1	3	7	4	3	2	4	3	3	5	2	1	1	2	2
2	2	4	4	1	1	3	4	4	1	2	3	3	2	2	6

2 3 5 4 1 5 4 3 5 2 2 2 2 3 0 0  
 5 3 4 2 2 0 6 3 2 3 2 3 5 3 1 0  
 3 3 3 5 4 3 5 1 2 2 0 3 3 1 1 0  
 7 0 5 4 1 6 11 4 4 3 4 4 3 2 3 3

39 35 22 45 30 28 28 31  
 113 109 110 135 120 116 114 116 70 49 59 76 55 55 56 62

Total, 1425  
 2,850,000 red blood cells in 1c. cm. of blood.

February 27, 1899.

NO. 3.

5 4 5 5 5 6 5 8 3 4 5 1 4 1 0 2  
 3 6 5 5 3 7 3 9 1 2 5 3 4 3 4 7  
 8 5 6 6 4 7 3 5 3 6 3 4 4 3 4 1  
 6 6 8 8 5 6 6 3 1 3 2 2 6 6 4 4

3 9 3 6 8 9 3 7 2 2 4 1 1 3 4 5  
 5 5 3 5 3 2 5 3 0 3 4 3 3 3 5 2  
 7 10 6 3 2 9 3 3 1 3 4 3 4 4 3 2  
 6 4 6 9 2 2 4 4 4 2 7 1 1 3 6 2

7 5 14 13 9 15 10 4 4 5 2 1 6 2 4 10  
 5 8 8 8 9 6 8 9 7 4 5 2 1 2 5 3  
 4 10 8 5 7 5 7 7 8 2 4 5 5 11 5 6  
 5 4 8 6 7 4 8 12 5 6 2 4 6 7 10 4

11 6 6 5 16 8 5 8 4 3 8 5 7 4 7 6  
 4 5 10 5 5 4 6 7 8 9 5 8 14 8 3 3  
 5 5 7 6 8 2 3 9 6 5 7 7 5 3 7 2  
 4 10 10 10 8 9 7 7 5 2 1 5 4 3 8

3 3 6 9 5 8 5 8 8 6 6 0 7 3 5 4  
 3 3 3 5 9 5 5 5 7 4 5 8 6 5 5 2  
 3 3 8 5 9 6 5 10 2 4 4 6 5 4 4 5  
 3 5 7 6 3 4 9 6 5 8 6 6 6 8 5 4

2 7 11 8 8 6 11 6 4 7 6 6 5 4 5 4  
 6 7 7 5 4 4 6 11 6 5 3 6 6 4 4 1  
 3 8 5 3 9 4 7 3 2 4 4 3 7 6 5 3

4 10 8 7 4 3 6 10 5 4 4 4 3 6 4 5

7 9 4 6 3 4 7 7 6 9 4 4 4 4 5 8  
 4 4 5 8 4 9 4 6 7 4 9 3 6 7 4 7  
 4 9 7 4 3 6 6 7 7 4 9 4 5 4 8 4  
 7 7 4 3 6 4 9 7 8 5 4 6 4 9 4 4

137 179 187 174 168 155 168 191 131 128 133 107 140 131 132 118

Total, 2379  
 4,758,000 red blood cells in 1c. cm. of blood.

Fifth Case.—This case was one of septic poisoning, in which the action of the iron was direct, and assisted materially in keeping the heart's action constant.

Sixth Case.—The patient was a man, about sixty years of age, who had a chronic camp diarrhea dating back to the civil war. This man was put upon the food and the following tables, made by Dr. D. J. Baker, show his wonderful improvement. Between the second and the third counts, two weeks elapsed, when no ferro-somatose was given. The fact that there was so small a drop between these counts shows the permanent effect produced.

February 5, 1899.

NO. 1.

3 0 1 1 1 1 1 2 0 1 1 1 1 0 1 0  
 3 4 0 0 0 1 0 0 0 2 0 0 3 1 1 0  
 3 1 1 4 2 3 2 0 4 2 2 4 1 2 0 1  
 1 0 1 0 0 2 2 3 0 0 0 0 0 3 0 1

1 0 0 0 1 0 0 0 2 4 1 0 2 2 1 0  
 1 1 2 1 2 0 1 1 0 0 0 0 2 0 2 2  
 2 1 2 1 2 0 0 2 1 0 1 3 0 1 0 2  
 3 1 1 2 0 2 0 1 1 3 3 0 1 2 0 1

1 1 2 1 0 3 0 1 1 1 1 1 3 2 1 0  
 0 0 2 0 0 1 2 3 0 0 1 1 2 3 2 2  
 0 1 3 2 1 1 2 2 1 4 1 1 2 1 0 4  
 2 0 0 0 0 0 1 0 2 1 0 2 0 1 2 1

0 2 1 2 3 2 1 2 0 2 2 0 2 2 0 3  
 2 0 4 0 1 0 1 1 1 3 1 0 0 0 1 0  
 2 1 0 2 1 2 0 0 1 3 0 0 0 1 0 1  
 1 3 3 1 0 0 1 0 2 1 0 2 0 0 2 0

2 4 2 1 1 0 1 0 1 2 0 1 0 0 1 1  
 1 0 1 3 1 2 0 1 1 1 3 1 0 1 1 1  
 1 0 2 0 0 1 1 3 1 3 2 0 2 1 2 2  
 2 0 2 0 0 0 1 1 3 2 2 1 2 1 0 1

1 5 2 4 1 0 0 2 1 0 1 3 0 1 1 2  
 3 1 1 1 2 2 2 1 3 3 1 0 1 2 0 1  
 0 1 2 0 1 0 1 1 1 2 2 1 1 1 0 2  
 0 4 3 1 1 0 0 0 0 2 1 2 4 0 3 2

3 4 0 1 0 1 0 0 2 3 2 4 2 1 2 1

952,000 red blood cells in 1c. cm. of blood.

February 12, 1899.

NO. 2.

5 5 3 4 1 1 9 2 4 5 3 3 3 0 4 1  
 1 7 3 0 4 0 5 4 4 3 1 6 2 0 3 3  
 2 2 2 0 0 2 3 0 5 3 3 4 6 2 0 2  
 1 1 2 3 1 0 4 9 1 0 0 3 5 2 2 2

1 1 9 2 2 3 4 3 2 3 1 3 9 1 4 6  
 4 0 5 4 3 4 4 6 3 4 0 4 6 3 2 2  
 0 2 3 0 5 2 0 3 7 6 4 2 0 1 2 4  
 1 0 4 9 7 3 2 2 5 5 2 0 0 2 1 2

2 3 3 0 2 3 3 0 7 2 1 6 3 3 3 4  
 4 4 1 1 3 4 2 1 0 3 2 1 4 0 1 1  
 1 2 4 2 2 1 3 3 2 1 1 0 2 0 1 2  
 7 2 3 0 7 1 4 1 3 2 0 4 0 3 3

6 1 9 1 3 4 2 3 5 1 1 4 4 2 1 6  
 5 1 3 1 6 2 1 3 3 1 3 5 2 2 5 0  
 3 3 3 2 9 3 1 1 5 0 1 7 1 0 4 2  
 1 7 9 4 2 3 3 3 0 3 1 2 3 1 1 0

2 5 5 3 4 3 5 1 1 1 3 4 3 1 5 5  
 3 1 3 3 2 1 1 1 3 1 0 4 5 1 2 5  
 4 1 3 1 5 7 0 2 3 4 2 1 1 4 4 2  
 0 2 3 0 3 0 0 1 4 2 1 2 3 4 1 2

5 3 3 0 5 1 2 3 5 1 0 2 4 2 1 6  
 0 2 3 1 4 3 0 2 3 2 1 3 4 7 3 1  
 4 2 1 1 1 2 3 1 1 5 1 1 4 1 2 1  
 2 1 2 1 2 1 1 1 3 2 3 3 5 3 5 3

5 8 5 6 2 4 0 5 7 1 4 3 5 7 4 4

2,156,000 red blood cells in 1c. cm. of blood.

February 27, 1899.

NO. 3.

3	1	2	3	5	2	2	4	1	6	2	6	2	5	3	4
1	1	2	2	1	1	5	2	2	2	1	0	1	3	1	0
3	1	2	4	1	4	3	1	3	1	0	2	4	1	1	2
1	0	3	6	3	1	2	3	2	1	2	4	3	0	4	1
4	1	1	1	1	3	3	3	7	3	3	0	6	3	2	2
0	0	0	0	1	2	0	2	1	2	1	4	6	2	5	5
0	1	1	0	2	1	3	1	2	1	1	4	1	1	2	2
2	1	1	2	1	1	3	3	3	2	1	3	1	0	1	0
2	5	1	1	0	2	2	2	2	7	0	3	7	4	2	2
3	3	1	2	2	1	3	5	1	1	2	0	2	2	5	2
2	2	1	4	1	3	0	0	2	1	3	2	1	3	2	4
6	2	1	3	1	2	3	4	3	3	3	1	4	2	3	4
1	2	3	5	3	4	1	0	5	4	3	6	2	3	6	3
0	1	1	3	1	1	1	2	1	2	0	5	1	2	1	2
1	0	1	3	2	0	1	0	1	4	3	2	1	3	1	1
1	0	0	0	2	1	1	5	2	3	5	4	3	1	0	1
5	4	2	4	2	3	1	4	5	5	2	3	3	1	1	2
3	2	3	2	4	4	0	3	1	4	3	0	2	4	3	4
3	3	1	3	3	0	3	3	4	2	1	2	3	2	3	1
2	0	2	2	2	1	1	2	2	3	2	0	2	1	4	3
2	1	0	5	4	1	2	2	3	1	1	3	4	5	5	4
0	0	0	3	1	3	0	5	1	6	2	8	1	3	0	0
4	2	1	1	4	2	4	0	2	3	1	2	1	0	1	2
2	1	2	3	2	1	2	7	2	0	4	2	3	0	1	0
6	7	0	2	2	5	1	1	1	1	2	0	5	4	1	1

1,760,000 red blood cells in 1c. cm. of blood.

The tables given above clearly demonstrate the value of ferro-somatose as a chalybeate tonic, and hence I have not considered it necessary to enter more fully into the details of these cases. I would, however, especially call attention to the results of blood counts made in Cases 1, 4, and 6. In Case 1 it will be noted that the number of red blood cells to the cm. increased within two weeks from 2,300,000 on January 15 to 4,754,000 on January 29. In Case 4 an equally rapid increase in their number was observed, namely, from 2,376,000 on February 13 to 4,758,000 on February 27. The permanence of these results was confirmed by later examinations.

In conclusion I would strongly recommend ferro-somatose in all conditions of anæmia where an easily assimilable iron preparation is indicated and where at the same time it is desirable to supply to the organism an albuminous element requiring no preliminary digestion. The rapid gain in flesh that has been observed by various authors in connection with the disappearance of the anæmic symptoms clearly shows that ferro-somatose not only improves the quality of the blood, but also aids materially in building up the tissues.

### THE OHIO HOMEOPATHIC STATE SOCIETY.

THE Thirty-Fifth Annual session of the Homeopathic State Society of Ohio was held at Springfield on the 9th and 10th days of May, with an average attendance of about fifty members. A number of visitors graced the occasion. And there was quite a sprinkling of ladies at times. The sessions were held in the Commercial Club Rooms, with the headquarters in the Arcade hotel. The sessions were as a rule opened on time and the attendance at the beginnings was good. Dr. R. B. Carter of Akron was the president and made a good, cool-headed, and well-balanced presiding officer. The sessions were opened by the Rev. J. A. Story and the city's welcome given by the mayor, Hon. Chas. Bowles, which was responded to by Dr. T. N. M. Stewart. The routine business was disposed of before the noon recess of the first day, so that directly after dinner the bureau work was entered upon, finishing Anatomy, Obstetrics, Materia Medica, Ophthalmology, and Dermatology. After supper, on a special order of business, the question of Homeopathy in the Ohio University was taken up, debated by Drs. Hunt, Biggar, Wood, Dewey, Stewart, Parmalee, Buck, and others, the result being to continue the committee another year, and empowering them to call the State Society in special session should they consider it important to do so. Clinical Medicine concluded the first day's work. The second day opened with general business, the report from the State Board, and was followed by Gynecology and Neurology. The afternoon session finished up the bureau work and general business, so that at 3.10 the Society adjourned. From ten to fifteen new members were elected. The bureaus were not all of them satisfactory. It is the same old story of too many papers and not enough time in which to read them or to discuss them. Dr. S. J. D. Meade in the first paper that was read scored the method of bureau work with a savage, but unfortunately, a truthful pen. The President's Address was a scholarly paper, leaning to conservatism on the University question. The new President is Dr. C. E. Sawyer of Marion, and the next meeting place will be at Sandusky. From the Treasurer's report we learn that there were at the beginning of the session 234 members. Home-

opathy must go into the State University of Ohio! The State society and the profession have so said: Chairman Hunt sent out 1000 return postals: and received 252 answers, 94 from members of the State Society; 90 of these latter favor homeopathic representation in the University, and 4 against it. That's a pretty good majority for a starter. The answers were as follows:

Q. 1. Are you in favor of homeopathic representation in the Ohio State University? Yeas 220, Nays 21.

Q. 2. Are you in favor of affiliation with one of the medical colleges already in the State? Yeas 160, Nays 73.

Q. 3. In case neither of the colleges do affiliate, would you favor the establishment of a college in Columbus? Yeas 169, Nays 63.

Q. 4. Would you favor the establishment of a college in Columbus to teach the practical branches only? Yeas, 100, Nays 107.

And here is what the State University answered the Committee.

Q. 1. Will your board give the homeopaths a paid professor in materia medica? A. Yes, the board proposes to satisfy all by giving the broadest possible teaching.

Q. 2. Does your board mean that all students shall attend the lectures on materia medica of the different systems? A. Yes.

Q. 3. If an affiliation is made with one of the homeopathic colleges now in existence in the State, will the standard for entrance, finals, and curriculum and time of study be under the supervision of the Board of Trustees of the Ohio State University? A. Not directly, but the standard of the affiliated institution must be up to the requirements of the board, before such affiliation can be made.

Q. 4. In case neither of the colleges in the State can or will affiliate, would a college established in Columbus, to teach the practical branches only, provided it was satisfactory to the State Board of registration, etc., be acceptable to your board? A. Yes, provided such college came up to our requirements in standard and had representative men in the faculty.

Where, before, in the history of homeopathy, was homeopathy invited into a State institution on equal terms with the other, the heretofore

always dominating school of practice? And some of the interested teachers affect to believe this idea will fail in the execution! Oh, ye of little faith!



### THE ATLANTIC CITY MEETING.

THE local committee is making large preparations for the entertainment of the American Institute of Homeopathy. It has already mapped out a programme that will not fail of pleasing every member who attends. Among the business changes is the determination to give each section two hours before the whole Institute, thus tending to stifle that perennial cry that this or that section was brought to naught or went to the dogs because its work was shifted to a hall bedroom, or an anteroom behind the hotel-bar, or a place in the sub-basement, where no one went unless specially interested in that work.

Another change is the eliminating of the headquarters hotel. A good many members have never found it best to live at such headquarters hotel, but still were compelled to dance attendance in order to discover what was placarded there for the meetings and committees. At Atlantic City all hotels have an Open Door for the membership, while the headquarters of the Institute will be in the place of meeting. Have we not begged for this change for years? Glad are we that some of the former advocates of hotel headquarters had their fullest kind of fill at the Millard. Let us never go back again to that fashion. As we have repeatedly written: the Institute ought to be, and indeed is, able to dispense with this cheap form of blackmail upon its cosmopolitan membership. No man likes to occupy the room and hospitalities of a hotel for which he has not paid. Are we not trying our best to encourage the young men and young women of the profession to join with us and attend our meetings? These are not burdened with overmuch money; and still no one of them desires to placard his poverty by *not* going to the headquarters hotel. The blackmail, therefore, consisted in compelling everyone to patronize one hotel in order to be in our caste and class.

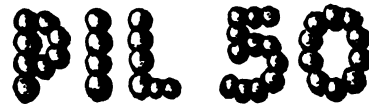
Another change, but one always difficult of

execution, is that no entertainment will be permitted to interfere with the work of the sessions. This, however, has been promised before and not accomplished, because when a man's wife or sweetheart was invited to take a gratis street-car ride, her faithful little lamb lingered near and must go everywhere that Mary went. Hence the sessions were decimated to that extent. Let the committee tell the ladies that this is THEIR entertainment, and does not include the men, who will have their turn later. No appeal otherwise will keep some men in their seats when something free with liquid-lunch attachments is advertised.

Many other things are promised which will conduce to the happiness, rest, and entertainment of the tired medical pilgrim. Cast, as this Institute session will be, in the warm summer month of June, when bathing will be *de rigueur* and not three or four weeks before the season opens, in order to get reduced hotel rates and cheaper fare (and then have an almost midwinter plunge in old ocean), the doctor will have a restful time by the seashore, away from his eternal treadmill, away from coughs and colds and colics, and there let himself vegetate and browse and bathe and have a restful good time. If the sun at high meridian is very hot he needn't traipse over the hot sands of the seashore and so blister his feet. As to the professional value of the expected sessions, it is yet too early to speak. But the East is usually a successful meeting place. Who that has attended a number of the Institute meetings has not carried away something that was of money value in his next thereafter ensuing year of work? For when all personal sparring and all political fights incidental to and inseparable from all large representative bodies are past and forgotten, and the doctor sifts his acquisitions, he still finds a large balance in his favor.



We note the addition to the editorial staff of the (London) *Homeopathic Monthly Review* of Dr. C. J. Wilkinson, the noted materia medica writer and exponent. We welcome him to the editorial ranks and hope he will find abundant opportunity in his journal to favor the craft with some of his excellent materia medica articles.



### *Teach Honest Homeopathy In Homeopathic Colleges.*

We maintain, therefore, that the above circumstances [the secession of some homeopathic graduates to the allopathic camp] have not the remotest logical bearing upon the question of the truth of homeopathy, but they do constitute obstacles in the way of its legitimate development. What is the remedy? We can see but one, and that lies in the hands of our colleges. They are homeopathic colleges, and unless they intend to teach homeopathy they are superfluous; unless they do it they are frauds. They *may* teach any and everything else, but they *must* teach homeopathy. Therefore that subject should, as much as possible, be made to pervade the atmosphere of our colleges, hospitals clinics, and dispensaries. All other means and appliances in the treatment of disease may and must be used, but as adjuvants, accessories, to the homeopathic treatment, where such is at all applicable. This course implies no more hypocrisy than, while ostensibly teaching homeopathy, to suggest its inefficacy by its non-employment. We regard the conditions at present existing in our colleges as necessarily incidental to the stage of evolution through which they are passing, and out of which, by sober, conservative, but, at the same time, progressive counsels, they will emerge as the stanchest bulwarks of the future science of homeopathy.—*The Hahnemannian Monthly*.

Right and true, every word of it, even to the jeremiad (which was our word), and because the shoe fits us a little bit, as we, too, had somewhat to say about—not the Decadence of Homeopathy, but the Decadence of the Homeopathic Teacher. In no instance, however, we beg to repeat or restate, have we spoken of homeopathy as untruthful, or no longer equal to the demands of the sick. We have taken exactly the same stand as *The Hahnemannian Monthly*, that homeopathy is RIGHT, and its apparent decadence is because it is not being taught in the homeopathic rostrum. Our constant insistence has been and is that if it was taught as Dunham taught it, as Hering taught it, as Farrington taught it, as Mohr teaches it, as Dudley teaches it, as Porter teaches it, and a number of others there would be no secession from homeopathic

ranks. But it is just because it is not taught at all, or in such half-hearted, doubtful, slipshod manner in *some* schools, that the student is not impressed with it and turns his attention to the surgical specialties, or else he goes over to the world-old lore of the dominant school. Homeopathy is as true to-day as ever. It will cure just as many cases as ever. It never fails in the hands of the honest user. But when class after class is graduated which has not heard a single lecture on homeopathy, which has not read a single paragraph in *The Organon*, which knows nothing of the system except the interminable symptom-lists read off to them from ancient and time-bitten manuscript, with neither strength nor vitality to it, with no possibility of its practical application unless the graduate is gifted with an Admirable Crichton memory, then homeopathy (?) will fail in the hands of such users. There are not many allopathic schools to-day in America that can give better surgical, gynecological, and specialty instruction than the New York Homeopathic, The Boston University School of Medicine, The Hahnemann of Philadelphia, The Cleveland Homeopathic, and others that could be named. So there is absolutely no excuse for a young man who graduates from these schools to go over to the allopaths for "a finish." And our brother editor will find that that wasn't what some very recent and some older homeopathic graduates went over for. Teach homeopathy from every chair of a Homeopathic College! Not as a fetish worship, not in deification of Hahnemann, not in hourly genuflection before the high potency, nor yet in ridicule of Hahnemannism, but as the law of cure! And let that truth be rubbed in, and ground in, and pounded in until it sticks! Add a few more homeopathic chairs to the homeopathic end of a homeopathic college, and let the specialists with their allopathic prescriptions and devices take a back seat for a few years. Not meaning by that they should not teach the best there is in them, but that they should no longer "rule the ranch!"

#### ***Sixteen Cleveland Homeopaths Publicly Adopt Allopathy.***

The Cleveland *Plaindealer* for May 4, reciting the Commencement Exercises of the Cleve-

land College and Physicians and Surgeons (Allopathic) the night before, gives the following twenty-three names as graduates:

E. D. C. Bayne, I. J. Biskind, Charles A. Bingham, M. D.; O. H. Boulee, M. D.; Henry C. Champlin, M. D.; George Y. Davis, B. S.; R. S. Evelyn, M. D.; W. M. Gregory, M. D.; Charles A. Hall, M. D.; W. H. Hennings, M. D.; George S. Iddings, M. D.; Martha H. Jarosch; William G. Meredith, M. D.; Orville T. Manley, B. L.; William Nuss, William C. Pardee, M. D.; R. C. Pease, M. D.; Arthur H. Perry, A. M., M. D.; William Snerer, LL. B., M. D.; William A. Tims, M. D.; Lloyd A. Trowbridge, A. M.; William R. Wall, Jr., M. D.; Robert W. Williams.

Of these, sixteen are ex-homeopaths, fourteen holding the diploma of the Cleveland homeopathic schools. Five were teachers in the homeopathic schools. Fourteen of these sixteen will register with the State Board as "R" (Regulars), and have already been asked to unite with the regular Medical Society. In the same paper appears an interview with several doctors. One of the new graduates speaking for himself and, possibly, also for his companion ex-homeopaths, says, that they have concluded it to be best to know how to practice legally that which they have been practicing without knowing how officially. The Dean of the homeopathic school thinks the step an evidence of bad sense, and one calculated to injure the seceders professionally. Also that his college does not approve of it. Well, hardly.

The hinting at this secession in the early fall by the AMERICAN HOMEOPATHIST was characterized by interested parties, by those whose ox was being gored, as a slander, and an effort to discredit the homeopathic school. The present publication of the names, therefore, proves that we were right. So far as discrediting homeopathy or its honest schools is concerned, as we have said elsewhere and very frequently, and with much emphasis, we have never done so; we do not discredit the homeopathic school. We do discredit the teaching of the homeopathic end in *some* of them. Henry Ward Beecher used to say: When a man falls asleep in my church I wake myself up. The fault is in me, not in the sleeper. *The Hahnemannian Monthly*, in its

always courtly way, referring to the adoption of allopathy by some homeopathic recent graduates in the West, says that such recent graduate is not the best person to pass upon the truth and value of homeopathy. True. But among *this* lot of sixteen are five ex-teachers in the homeopathic school! Many hundred homeopathic diplomas are in existence bearing the names of these recently made-over into allopathic practitioners. There must be some other reason for *their* withdrawal from homeopathy, than the mere newness and untriedness of the thing: possibly ignorance of homeopathy; possibly something else.

Cleveland was almost from the beginning noted for its homeopathic trend, and in high places, too. Yet, since the lamented Nathaniel Schneider died, only a few years ago, fifty-two families on Prospect Street—the equal of Euclid Avenue—have gone over to the allopathic form of practice! His latest associate and successor was first to go. Among this lot of new allopaths is one ex-homeopathic teacher whom the late Dr. Nathaniel Schneider loved and trained and appointed his gynecological assistant and associate in the (then) Schneider (homeopathic) college. It has always been said that it paid a young man best in Cleveland to be a homeopath, until a very recent time. What has caused the change in public opinion? Why do our families, and our young and older practitioners, and our teachers flock to the old-school standard? There must be a reason for this change. What is it? And, now, consider these ex-homeopathic teachers, who have thus publicly avowed their disbelief in that which formerly they taught, and say at what time in their teaching-life did they begin to doubt that which they were teaching; and how many of the graduates from their teaching have that Parthian arrow sticking in their backs, and will in time, first by force of precept, and, now, by example, throw off their allegiance to the homeopathic school and join hands with the allopaths?

And yet it is *so* wrong for the AMERICAN HOMEOPATHIST to speak of this great danger to us as a system of practice. It is treason to our best interests to take notice of it. We are injuring the cause. We are discrediting Homeopathy. It is nothing but a personal matter with

this editor. He is getting even with somebody. His real duty lies in the direction of silence. The proper and loyal thing is to let other stampedes of homeopathic students, graduates, ex-teachers, and practitioners take place, until one fine avenue after another of this beautiful city has gone over block by block into the hands of our traditional enemy. No attempt should be made to show the cause of such defection lest we frighten away homeopathic students from Cleveland, and THAT, bless you, would hurt homeopathy a great deal more than to have them, later on, give us the laugh and walk over into old-school ranks.

No, by the Eternal! The AMERICAN HOMEOPATHIST insists that it is the duty of the profession, first, to know what is going on, in order to be able to cope with the danger in time, and, second, to apply the proper correction. It is far better that the members of the household should correct an obstreperous young one, than that the State later on hang him to a gallows tree. This thing has gone far enough. If the profession will not wake to its danger, we have done what we could to show it to them. Homeopathy is not dead—not by a large jugful! But many of its (homeopathic) teachers are—and don't know it! The proper salvation is a series of well-conducted funerals—of bastard teaching, and of hermaphroditic teachers!



## Globules.

A most desirable change in the American Institute is to be noted in the time-limit allowed the sessions, which is set for four days, namely, June 20 to 24—all of which fall within the week-days. This is the result of the labors of the special committee appointed at Omaha to consider the matter. It is a good change, and we hope will prove efficacious in epitomizing the work. The Sunday has been cut out entirely. We were of the original number who asked for a Sunday in which to do honor to our dead; but we have long since realized that the honoring of the dead, if it depended merely upon the sanctity of the day, went practically by default. It was hoped that advancing the day of election would leave the Memorial Day for this honor-



able purpose ; but the committee has seen fit to make a still greater change, and we doubt not that the same is based upon good judgment and for the best interests of the Institute.

Dr. G. J. Jones, Cleveland, and Dr. J. Richey Horner, same place, were elected respectively Dean and Registrar of the Cleveland Homeopathic Medical College.

The kangaroo ballot at the Ohio State Society was not a howling success. There was no competition for any of the offices. And by suspending the rules several hours of red tape were saved and the officers elected.

**Erratum.**—We regret to say that in the temporary absence of the Editor-in-Chief of the *Medical Century* its May issue was subtitled as the Surgical and Gynecological number. This was an error. It should have been called "The Cleveland Homeopathic Medical College Number."

Dr. R. B. House, during the meeting of the Ohio State Society in his city, gave a private dinner to the following: Drs. A. B. Nelles, M. H. Parmalee, C. E. Walton, J. D. Buck, R. B. Carter, H. E. Beebe, J. C. Wood, W. A. Dewey, T. T. Church, Frank Kraft, T. M. Stewart. It was a very pleasant and representative company, and the evening was greatly enjoyed.

No honest homeopath should ever permit himself to forget that he owes a duty to the American Institute which is not discharged by simply thinking well, or, in some instances, speaking well, nor yet in occasionally attending the meetings as a member. It does mean that he should give of his energy, and enthusiasm, and substance to make the American Institute of Homeopathy the chief working medical organization of the world ! We are all indebted, every homeopath of us, to this society for the success which has attended our efforts at tolerance and power. Had it not been for the valiant fight made for us in our infancy by this determined and celebrated body of men—those old homeopathic giants—may their tribe again increase !—we would not to-day be able to dictate State Boards in New York and Pennsylvania ; we would not be receiving royal bequests from private sources, as well as from the State, for our hospitals and schools.

The Minneapolis *Homeopathic Magazine* in its last issue says: "Dr. C. H. Goodman of St. Louis, Missouri, was recently married." "Was"! Well, isn't he so still ?

We hear that another Cleveland homeopathic graduate—a lady—is taking the old-school course in the Buffalo University, preparatory to going abroad as a missionary. This will be a consistent damsel to make converts to Hahneman's system. Again the need has been expressed for knowing how to practice both ways. We would like to suggest that she also equip herself for her missionary work with a practical knowledge of Catholicism, so that she may teach both systems of Christianity.

Hotel accommodations have been secured at Atlantic City at rates from \$1.50 to \$5.00 per day. As has been announced the meeting will be held upon the new steel pier, which is a most delightful spot, and the Institute headquarters will be upon the pier. This pier is in the center of the city, and all of the hotels selected are within a few minutes' walk of it. In Atlantic City there are over six hundred hotels and boarding houses. Forty of these have been selected, and they will accommodate the members and their friends at reasonable rates.

But, say, wasn't that a horse on someone—that "pony"-business ? So artistically guessed at, and prepared for ? Well, we guess ! And you wouldn't even to-day know a polychrest from a nosode if you met them arm in arm, like the Carpenter and the Walrus, on the warmest day in June. However, having all passed—and with honor—don't spoil the effect of it by presently matriculating in a near-by allopathic college in order to learn something practical. Buy a copy of Hahnemann's *Organon*, also the two Dunham volumes and Farrington's *Clinical Materia Medica* and read up. There really IS something in homeopathy, that you never would have guessed from listening to lectures read by jelly-fish-backboned professors from dead-and-unburied manuscripts. In the three or four years that you must needs depend upon the trivial ailments like coughs, and croups, and diarrheas, and corns, read up Homeopathy carefully, and be astonished to find that it may require as great a degree of specialism to be its

master as it does to be a full-cry and hurrah gynecologist.

**Remember** the Rudolph at Atlantic City if you want a good hotel—central, convenient, and up-to-date.

The Pennsylvania Lines are the equal of any railroad that can take you to Atlantic City. See that your ticket reads *via* the Pennsylvania Lines, and take no other.

Our president, Dr. Benj. F. Bailey of Lincoln, Neb., has his picture and a short descriptive article of the American Institute of Homeopathy in the current *Monthly Review of Reviews*. It is well written and the picture is a good one.

Dr. H. M. Paine, Secretary, gives notice that the ninth annual meeting of the National Association of Homeopathic Medical Examiners will be held at Atlantic City, New Jersey, on Monday afternoon, June 19, 1899.

Members and ex-members of State medical examining boards, of either school of medicine, are cordially invited to attend this meeting of the Association.

Our good friend Dr. Horace M. Paine had a golden wedding celebration of his professional life Friday evening, March 10 at Utica, N. Y. Suffice it for the present to say that the occasion was a notable one, and in which all who took part were caused to feel how good and how pleasant it is for brethren to dwell together in unity. We shall have something to say later on this important festival and celebration to our noble brother, Paine.

Dr. Conrad Wesselhoeft, in answering in the current *Hahnemannian* a former paper by Dr. R. B. Leach touching the question of alternation, makes a reference or two to ourself as having said that the practice of alternation is based mainly upon mistranslations. This we did say. But we had no reference to Dr. Wesselhoeft's translation of *The Organon*—which every one of our classes of students well remembers has always been our copy of *The Organon*, from which we taught and yet teach our private students. Our reference was pointed at the Hempel series of translations which were, if we mistake not, the first that the English-speaking profession had access to.

Dr. A. B. Smith, the prison doctor at Springfield, O., receives some wonderfully expressed messages. As witness the following: "Dr. Smith that wont to me no got I viel worsk now as I thart des morning I haf hart haeteck and my stomek hertz mor." [That don't do me no good. I feel worse now as I thought this morning. I have hard headache and my stomach hurts more.] "Mr. Smith Plaece com to the City Prison I have gad a man whit Broken Jae. Yours Trully."

A good deal of trouble was occasioned at the Springfield meeting of the Ohio State Homeopathic Society by the effort of several readers and speakers to pronounce neurasthenia as new-ross-thee-nigh'-ah, with the accent on the nigh. Gould says it is, as every ordinary medical man,—such as are not unduly wrapped up in the nomenclature of their specialties,—new-ras-the'-nee-ah, with the accent on the *the*. Great is the word-maker. We also had Coach's bacillus. Call it a bellyache and it is worth only a visit or two at sixty-eight cents a visit. Call it appendicitis and it means a hundred dollars or more, according to the kind of team the surgeon drives.

The last two sessions of the Cleveland Homeopathic Medical Society have been held in the Cleveland Homeopathic College building. As there are a few members of this society who are not on the faculty roster, and who, moreover, do not wish to be, it might be obviously a better plan to take the society to some more general meeting place. This society is in a good deal of trouble about its meeting places. For nearly a year a number of interested parties tried to have it meet in the Cleveland Medical Library building—an allopathic concern; being finally worsted in that praiseworthy desire, they seem now to have thrown the meetings into the college folk's hands. Ultimately, perhaps, they will get back into the Chamber of Commerce building.

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#### The American Homeopathist.

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# The American Homeopathist.

JUNE 15, 1899.

FRANK KRAFT, M.D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



EDWARD F. BRADY, M. D.,  
St. Louis, Mo.

**D**R. KATHARINE KURT of Akron, O., in a private letter to us suggests that the American Institute of Homeopathy meet but once in two years, and the same for the State Societies. Then let the State Societies meet only in that year when the Institute does not meet. A very clever suggestion, and might prove of value if properly handled.

**W**HO was it set the precedent for holding the American Institute meetings in June and July? It seems, to many of us, who are

busy at all, that those are about the worst months of the year for a medical profession vacation. August and September, when everybody else is resting by the seaside and in the mountains, would seem to be a far more appropriate resting time.

**S**OMEONE in the West—we do not recall who it was—said that the State Societies wasted and frittered away so much time in the deadly routine. The reading of minutes, of inconsequential reports, the reports from delegates, and hospitals, and colleges, and dispensaries, and the like, which are really naught but clever advertising schemes, and might, if deemed necessary for the professional knowledge, be relegated to the publication committee without the weariness and time-eatingness of reading or speaking.

The coming President's Address will be two pages of typewriter long, and that condensed one-half for presentation and quick consumption, the full document being printed in the Transactions, or, preceding that, in the journals. The hallelujah and hurrah President's Address is out of place to-day, in this rush for time and desperate anxiety to cut short that awful hotel bill. Not one out of every twenty who attends the State Society cares a hill of white beans for the Mayor's Address, nor the responses. Kill the deadly routine, and give new life to the professional and practical part.

**W**E shall appear at Atlantic City with a book of apologies signed in blank which we will hand upon application to those whom we have offended during the past twelvemonth with our pen or ax, and permit them to fill in the proper charges against us. No, not all! We take

back nothing we have said about this damnable pretense of homeopathic teaching which has turned so many of our former graduates, practitioners, and ex-teachers into the old-school camp. We hew to the line on that. We insist that homeopathy should be *taught* directly in every class, and not by a species of osmosis and endosmosis. We don't want students graduated who have not heard a lecture on homeopathy or the Organon, but who have nevertheless been passed on their "general knowledge of homeopathy." The profession of to-day knows full well that the average homeopathic teacher in many of our colleges is not so thoroughly permeated and saturated with homeopathy that it exudes from him and trickles away and fills the circumambient atmosphere unconsciously as he walks and talks and acts and has his being.



### **Materia Medica Miscellany.**

Conducted by J. WILFORD ALLEN, M.D., 110 West 12th Street, New York.

References in this department are made by number. See issue of January 1 or December 15 of each year.

#### ***Tartar Emetic in Smallpox.***

J. F. McConnell, "health-officer for Dona Ana County, New Mexico, in a recent epidemic there had some experience in the use of tartar emetic in variola. In thirty-three cases in which it was used he says it showed results which were highly gratifying. In all the cases treated in this way the secondary fever was shorter in duration and less severe than in those in which it was not given; there was a complete absence of pruritus, without local treatment, and little or no pitting, the skin generally returning to its normal condition. In one family where two children were taken with the disease he had a fair illustration of its action. The youngest was seven and the oldest nine years of age. To the youngest he administered tartar emetic throughout the disease, while to the elder child he gave the routine expectant treatment. The youngest child, while presenting all the skin-eruptions, seemed to be but little affected by the toxic properties of the disease. The older one had intense secondary fever and delirium, and the skin was so irritated that the hands had to be padded.

The contrast was so marked that the mother observed it, and begged him to give the older one the same white powders which he did the younger. He did so, but too late to affect the symptoms, but both cases made good recoveries. The doses he usually gives vary from  $\frac{1}{16}$  to  $\frac{1}{8}$  grn., at intervals of from two to four hours, according to the age of the patient and the severity of the case. He found by experience that small doses of about  $\frac{1}{16}$  grn. usually gave better results than larger ones, other things being equal. Doses as large as  $\frac{1}{8}$  grn. frequently exaggerated the symptoms. The author hopes that others will try the remedy in such cases in order to confirm his experience with it.

[We also have a hope, which is that some good Samaritan in Dona Ana County will show Dr. McConnell that tartar emetic has been used for years by homeopathic practitioners. On account of the similarity of the pustules produced by this drug to that of smallpox, it has been successfully employed in that disease, especially in adynamic types, and where other symptoms of the drug are present.]

#### ***Hyoscyamus in Typhoid.***

Krichbaum, in Medical Advance, says :

On November 15, 1898, I was called to see a young man suffering with typhoid fever, and in his fifth week of energetic allopathic treatment. The case was considered a desperate one, so much so in fact that the attending physicians had abandoned all hope, assuring the family that three hours would see the end. Strychnine and brandy were to be pushed to the extreme limit, and that was all that could be done.

In their extremity, the family called a council of war, and, though strongly divided, it was finally decided to send for a "sugar-pill doctor."

I went and found the young man in a very bad way indeed. Extremities icy cold, face cold, eyes oscillating, constant muttering and murmuring, one arm in perpetual motion, while other efforts were being made to denude himself, and get away from his attendants. The pulse was scarcely perceptible, and the bladder paralyzed.

I prescribed hyoscyamus cm., and as the family lived ten miles from my home, I gave instructions that frequent reports of his progress be made to me. During the following eighteen

days, I repeated hyoscyamus three times, and no other remedy was indicated until the period of convalescence, when I gave a dose of psorinum. His recovery was otherwise uneventful and perfect.

### *Grindelia Robusta.*

The Eclectic Med. Journal says this is a California production which seems to have found its place as a remedy for two things—first, in certain respiratory disturbances; second, as a local application.

Its chief, if not its only use in respiratory troubles, is as a remedy for asthma. It will not relieve all cases, and we are of the opinion that there are many better remedies for cases that are merely of a spasmodic nature. The grindelia asthmatic is plethoric, there is a dusky flush upon the surface, a congestion that no doubt pervades all of the tissues. The respiration is labored, "choky." To this case grindelia should be given in full doses—say in from ten to twenty drops.

In certain cases of bronchorrea or bronchitis, and in pneumonia with a choking sensation—dyspnœa; in spasmodic cough, and in some cases of whooping cough, grindelia should not be forgotten. It is also recommended in heart irregularities depending upon or accompanying these symptoms. In some cases of "hay fever," grindelia is a very efficient remedy—not in all. The case must be selected. The demulcent effects of grindelia are said to be very efficient in some cases of chronic cystitis. We have not verified this action of it.

As a local application, grindelia has received great praise in rhus toxicodendron poisoning. By some physicians it is considered without an equal for this purpose. It is also very efficient when applied to many other cases of dermatitis, and of eczema. It has been highly praised as a local application to atonic ulcers, leucorrhœa, gonorrhea, vaginitis, the bites and stings of insects, etc. In the cases in which it does best there is a fullness of tissues. For this use of grindelia, one fluid dram of the specific medicine should be added to one pint of water, and the parts kept moist by a piece of cotton saturated with the mixture.

### *Apis Mellifica.*

Ball, an old-school writer in " says :

I know this is one of the remedies of homeopathy. But as they have stolen much of our thunder, why may we not return the compliment, when a good thing has been discovered?

Part used: The sting sack, made into a tincture by adding one dram to a pint pure alcohol. Indication and use: Diuretic, acting in cases of suppression of urine; also in burning, itching, and heat in urethra or bladder, with frequent desire to micturate. Again in cases of œdema, with a bright, shining surface, itching, burning, stinging.

Dose: Five to ten drops to four ounces of water, the dose being a teaspoonful every hour until relieved. A preparation is made by adding one ounce of live bees to one pint alcohol and using as above, after fourteen days' digestion.

Dr. Ball could no doubt learn many more good points regarding this great homeopathic drug. Cowperthwaite says its keynote is œdema when occurring acutely as an apparently primary condition, or when associated with erysipelas or any other form of disease.

### *Phaseolus Nana in Diabetes.*

Cushing of Springfield " refers to a very interesting case as follows:

November 20 last I was called to see a robust man aged fifty, with a severe and sudden attack of grip, which developed rheumatism. It was worse in the arms, occasionally below the elbows; at times twinges of pain in other parts. It was so severe he could not lie in bed nights. He had previously had a severe rheumatic fever. I asked if he had any kidney trouble; he said no. It was nearly four weeks before he was really happy. Then he said he was obliged to get up three or four times each night, and said, upon questioning him, that he probably passed three or four quarts, but he did not think anything of that, for he was a great hand to drink water. His wife said if any got on the wood-work of the closet it was so sticky it was very hard to wash it off. The urine was very clear, nearly neutral. Specific gravity 10.30, containing 3½ per cent. sugar. Argentum nitricum

diminished the quantity somewhat and lowered the specific gravity to 1025, but it soon increased again, and slightly diminished the amount of sugar. As he had one symptom that called for phaseolus nana, and knowing it had a direct effect upon the kidneys, I gave the 5x, four No. 35 globules every four hours. In eight days there was scarce a trace of sugar and he was feeling first-class.

### *Digitalis in Pneumonia of the Aged.*

Dry cough ; mucous rales, both sides without expectoration, or expectoration is purplish or "prune juice." Pale, deathlike, or cyanotic. Extremities cold or cyanosed. Pulse feeble, slow ; frequent (on motion), irregular ; may intermit. Great prostration. Deathly nausea, or a gone, sinking feeling in scrobiculum. Œdema pulmonum.

### *Bryonia in Pericarditis with Effusion.*

Blackwood\*.—Mrs. F., aged twenty-four. When fifteen had an attack of inflammatory rheumatism, which lasted several weeks ; has not felt well since. Whenever exposed to the cold she would have cutting pains about the chest. Last December she had a light attack of rheumatism. Her physician saw her three times and pronounced her well, although she was complaining of pain about the heart.

At my first visit her face had an expression of anxiety ; the pain was marked on making a change of position, or upon deep pressure over the heart. She was in the dorsal semi-recumbent posture ; intercostal spaces obliterated ; dyspnœa was marked ; the pulse rapid ; the apex beat obtainable when the patient leaned forward. Dullness was marked over the region of the heart in a triangular area, which had its apex above the base of the heart, extending to the right of the sternum and to the left mammillary line. The heart sounds were weak and the temperature was 101°. At the least move the heart beat more rapidly, with stitching pains.

Diagnosis.—Pericarditis with effusion. The presence of the effusion, the sharp pain preventing motion, and, as a result of this, a desire to keep perfectly still, led to bryonia 3x, which

was administered every hour. Hot applications were applied over the heart to relieve the pain. There was a gradual improvement ; by the seventh day the effusion had disappeared to such an extent that friction sounds could be heard. Her temperature was 99°. Spigelia 6x was now administered, and it assisted in removing the remaining effusion and pain ; when calcarea phos. 6x was given, with a verdict from the patient that she felt better than she had for years.

My thought in this case is : First, Not that bryonia 3x will cure every case of pericarditis with effusion, but that it will control the pathological conditions and cure the patient when the symptoms of the patient, plus the pathological conditions, demand it.

Second, When bryonia carries the case part way and then ceases to benefit, spigelia will frequently complete the cure. Calcarea phos. I use at the close of an acute disease as a constitutional remedy, and believe it to be a great homœopathic tonic.

### *Nitroglycerin in Spasmodic Croup.*

Dr. G. G. Marshall\*\* states that he has found in nitroglycerin an ideal remedy for spasmodic croup where steam inhalations and emetics fail or depress too much to allow respiration. He recommends small doses frequently repeated. To children from five to ten months old he gives from one ten-hundredth to one six-hundredth of a grain, repeated in from five to ten minutes if no effect is noticeable. Usually in ten minutes there is marked relief in the dyspnœa and the general appearance of the child. By repeating these small doses from every fifteen minutes to once in two or three hours, the laryngeal spasms are controlled. Sometimes it is not necessary to repeat it more than once or twice ; at other times the remedy has to be continued at more or less frequent intervals for two or three days.

### *Salts of Antimony.*

Evans,\* in discussing the pathogenetic action of these salts, closes by saying :

To recapitulate now, antimony seems to lower the vitality of the mucous membranes and the skin. But this depression rarely goes on to inflammation. The mucosa are constantly bathed

in mucus, so we have impaired or retarded digestion, with fermentation of food, nausea, and vomiting; diarrhea, alternating with constipation, where the stools contain a large amount of mucus; coughing, with much rattling and constant hawking and expectoration of phlegm, and, finally, vesical irritation of the catarrhal variety. The patient is greatly prostrated, loses flesh rapidly, and is inclined to be drowsy. Add to this the fact that the discharges are very liable to be foul smelling, and you have a general picture of the antimonium crudum patient. Tartar emetic, on the other hand, partakes of these qualities, but has a further field all its own. Like crude antimony, its most important sphere of action for us is on the mucous membranes and the skin, but with the difference that it acts very much more sharply. The three seats of action of tartar emetic are the medulla, the mucous membranes, and the skin. To the old school it is known as an emetic, a depressant of circulation, and a specific remedy in acute pulmonic diseases. To the first of these propositions we, as homeopaths, take a stand diametrically opposed, for it is to cure, not cause, vomiting that we use it. As a depressant of circulation we never employ it, but in pulmonic diseases we throw the searchlight of similia upon it, and thus perfect and define its range and applicability and claim it for our own.

### *Silica for Felon.*

H. L. S.<sup>21</sup>.—Felon on left index finger, from working in cold water laying and connecting pipe. The cause and aggravation from cold and damp suggested natrum sulph., which matured with remarkably little distress, furthering the suppuration until easily evacuated by superficial incision, when silica healed promptly. (Fluoric acid has the reverse aggravation: amelioration from washing or sponging in cold water. Nux vom. has aggravation from letting the hand hang down.)

### *Aconite and Veratrum Viride.*

A. J. Smith, M. D., in Eclectic Med. Journal, says: Aconite is indicated in all cases where there is an elevation of temperature above the normal, or a falling below that point, if there is feebleness of heart, noted by a small feeble

pulse. No matter what the disease is, if this condition of heart exists aconite is the special remedy. Aconite always acts on the ganglionic center, and not on the periphery; hence aconite is the special remedy for a weak heart, where there is feeble impulse—a paralytic condition of the cardiac plexus of nerves. Aconite gives tone to the cardiac plexus, enabling the heart to resume its wonted action.

He who would give aconite for the same fever, or inflammation, rheumatism, etc., would in many cases do incalculable damage. But in all cases the heart must be consulted, and if found feeble, as before stated, aconite should be given, and it will cure to-day, to-morrow, and for all time to come.

Now, if we have a case in which there is an elevation of temperature, with strong heart action, full, quick, and bounding pulse, aconite should not be given; it would do harm and no good; and that brings us to the consideration of

*Veratrum Viride.*—*Veratrum* is as much a sedative as is aconite; it is the remedy for fever or inflammation just the same as aconite; but if you should give *veratrum* when aconite is indicated, you would do much harm, and increase the heart depression, also bring on gastric difficulties that might end in death. Then it behooves us to be careful in our selection of a remedy, and think of the difference between aconite and *veratrum* in their action.

But, says one, if they both relieve fever and inflammation, why not alternate them, give one as well as the other? Or it may be asked, if aconite cures fever and inflammation, why should we use another remedy? Or if *veratrum* cures fever and inflammation, why give aconite? Or if you happen not to have one, why not use the other? However, it is not fever, inflammation, flux, croup, etc., that we are treating, but conditions of the nervous system, and we will now try to distinguish between them.

Referring to the indications for aconite already mentioned, we need not repeat them, but in contradistinction give those for *veratrum*. *Veratrum viride* acts on the nerve periphery, and not on the ganglionic center. In a condition in which *veratrum* will act better than aconite, there is no trouble with the nerve center, but the fault is in the nerve extremity

of organic life. Hence the heart's action is full, quick, and strong. The heart is all right. But there is a state of paralysis of the nerves of organic life that accompany each capillary blood vessel, causing them to contract, and hence there is an obstruction to the free flow of blood through the capillary system of nerves, and if this is not overcome soon, there will be a breaking down of the part. Now the strong heart is doing all that physical force can. It may succeed without help, but many times it fails. If now we can aid nature we will act the part of a good physician. If we have a remedy that will dilate those abnormally contracted capillaries, we can help the heart to bring back health to the body, and all will be well.

### *Salvia Officinalis* $\phi$ .

Tickling coughs of consumptives—(excels bell., rumex, morphia, and codeine). Twenty to forty drops in tablespoonful of water effective within two hours, persisting for two to six days. Unfailing in night sweats of phthisis.



### WHAT DELAYS THE LABOR?

By A. W. BALLARD, M. D., Birmingham, Ala.

A SHORT time since I heard a man of talent graphically relate how he came to make a change in his work for his fellow-man. He, like all other good men, was endeavoring to get into that relation to others where he could do the most good. He was a preacher and had charge of a large missionary work in the West. While standing on the ridge of a Colorado mountain by a small spring he noticed that by placing a few shovelfuls of dirt in the way of its stream, and making a little channel in another direction, he would change the final destiny of its waters from the Pacific to the Atlantic Ocean. From this he was led to think of how much easier it was to *start* a child in the right way than to change the current of his life after it was well under way. From that time he has devoted himself to the saving of children who are unfortunate in their homes or have no homes at all. This work in some cases begins where that of the obstetrician leaves off.

To be well-born is a good start in life. But we, like the missionary, would go back farther

than where the subject of this paper begins. The life of every human being that is brought into the world ought to have skilled or scientific supervision from the time of its conception. That woman who is so fortunate as to have a physician in whom she has sufficient confidence to place herself under his care and is willing to follow his advice and directions has a much better chance to avoid some of the difficulties and dangers of child-birth, than she who fails to recognize that anything can be done to improve her condition, and thus secure a more safe conduct through the great ordeal before her.

I am pleased to believe that this practice of seeking and following advice is more prevalent than formerly.

It is to be hoped that it will continue to grow, and that we physicians shall not fail on our part, but be able to give directions that shall be efficient.

Much might be said and indeed has been said as to evil results of the life so many lead as to manner of dress, neglect of proper exercise, improper diet, and the thousand and one irregularities in the life of her who bows at the altar of modern society. Also of the advantage to her who avoids these errors (possibly from dire necessity), but is benefited notwithstanding. These advantages may be had by the lady of affluence as well as by the one who is compelled by force of circumstances to lead an active life.

But we leave that now to consider, "What delays Labor?" I refer especially to the first stages. The answer may be, there are three principal causes that cover most cases:

1. Enfeebled pains or lack of expulsive power.
2. Obstruction of the parturient canal.
3. Too large or deformed fetus.

This lack of expulsive force often arises from the general debility of the patient. She is anæmic, has no power in any of the muscles of her person. She may have been ill nourished—not necessarily from lack of food, but she may not have digested or assimilated what she had taken. She may not have taken sufficient exercise to assist digestion and create a wholesome desire for food. Some even settle into a morose state of mind, and spend almost the entire time of gestation in sitting or even lying about; allowing the physical being to reach its lowest



point of vitality just when it should be brought to its highest. Some of the customs of modern society are very erroneous in this respect. The peasant has an advantage over the devotee of fashion in this matter. These enfeebled pains may be true or false, but are not sufficient to dilate the os. If they be false, there will be no dilatation or bulging of the membranes. In this case it is better to give the patient something to ease her and allow her to rest.

Should the pains be true, but too weak to be at all effective, give *caulophyllum*; should this fail, stimulation and irritation are the best means of strengthening them to such a measure as to overcome the rigidity of the os, which is in more cases the cause of delayed or tedious labor than any other.

The rigid os will often yield to the influence of a stream of hot water thrown against it. In other cases a tampon, making firm pressure against the os, will be very efficacious in causing it to yield. Gauze (made aseptic) cut in strips makes the best tampon.

This procedure is more commonly used to control hemorrhage in placenta prævia or some other trouble, but which by its depleting effect upon the tissue of the os, and dilating the vagina, will relax the os, so that it will yield. Another plan is to dilate with the fingers. First introduce the forefinger tip, then the second followed by the third, and then the thumb, and by forcibly separating them the work is accomplished.

Dilating the os by any means will increase the contractions of the uterus.

The rubber water bag is a well-tried means of accomplishing the same end.

We sometimes find an œdematous condition of the lips of the os much in the way. This may be relieved by lifting up the head of the fetus and pushing back the enlarged lip until it shall be out of the way. Should this fail, it may be punctured in numerous places.

A pendulous abdomen may cause a delay in the early stages of labor. This is caused by overdilatation or even by separation of the recti muscles. It places the axis of the uterus out of line with the axis of the pelvis, even at almost right angles to it in some cases. In examining a case of this kind the thinned cervical wall presents and may be mistaken for the mem-

branes, but the absence of the os will readily correct this mistaken impression.

The os will in such cases be found well back in the hollow of the sacrum, and must be drawn forward, the fundus pressed back, and thus secure the normal relation of the axis of the uterus to that of the pelvis, the patient being in the recumbent position. When repeated efforts fail to retain this corrected position, a binder may be used. And should the enfeebled pains fail at this juncture, the forceps is the remedy.

Should cicatricial tissue be in the way of proper dilatation, refusing to yield to the means referred to above, a proper procedure would be to make small nicks in different places with a probe-pointed bistoury; then dilate.

Any of these manipulations will tend to develop better pains, but should they fail at any time, and the canal is ready for the delivery of the child, the forceps should be applied and the delivery accomplished by this means.

Fibroid tumors may obstruct the canal. Fortunately, however, they tend to prevent conception. But when we do have them they may sometimes be pushed aside and leave sufficient room for the fetus to pass. In case this is impossible, it is time to call a surgeon in consultation.

The distended bladder or impacted rectum may sometimes prove to be obstructions. But these are generally readily corrected by the use of the catheter or enema.

The third class of hindrances to the prompt delivery is found in the fetus itself. It may be a malposition other than that in the pendulous abdomen, and the remedy is of course to correct the position. Another is an enlarged head, or a monstrosity of any kind that is absolutely too large to pass the parturient canal without greatly or, may be, dangerously injuring it. Then surgical means must be resorted to, and the fetus removed in parts.



The exact date for the meeting of the next International Homeopathic Congress (at Paris in 1900) is July 18 to 21, both dates inclusive. Now is a good time to prepare for your European trip. Write this editor for place in his limited club for visiting Paris next year.

**LAST CALL FOR ATLANTIC CITY.**

**A** READING of the last circular-notice issued by the local committee (but which, owing to our limited space, we are unable to publish in full) gives added assurance that the visitor to the American Institute this year will have naught to regret, but in every way everything to commend. The programme of festivities is so excellently devised that it seems as if everything had been thought out and arranged for. Notwithstanding the limited five days' session, all manner of entertainment has been found and provided for and nothing omitted that would please the membership. Of the practical side there is little need to speak any more than we have repeatedly done. The programme now in the hands of the profession gives evidence of the thoroughness with which the committee have attended to that part of the work.

In the matter of hotels, Dr. Baily gives the names of forty good places, and says there are several hundred more. These he lists from \$1.50 to \$5.00 per day, and many very cheap and clean places elsewhere and besides. It is not out of place to say here, finally, what we have said many times in the past year, that the **RUDOLF** is one of the finest hotels at Atlantic City. We get this not only from literature issued by the hotel, but from some gentlemen who recently abode at this famous hostelry. It overlooks the ocean, is one of the coolest and most charming of places, and has many other surpassing advantages. It is near the place of meetings. Table and room will meet the visitor with an inviting eye. This house is first-class in every regard and appointment, and no member and his wife will regret having cast his home with the **RUDOLF**.

And also in the matter of railway service. There is no line for reaching our Mecca this year better than the **PENNSYLVANIA LINES**. This is not an advertising notice. It is a truthful statement of the facts, and easy of verification by any man or woman who has ever traveled on these famous lines. Its rates will be as cheap as those of any railway touching this point. It will have as much scenery per mile as any other railway line of the country. Its service, its convenience, its security are unsurpassed. And its all that can be desired. See that your

tickets, if not wholly, certainly in some part, shall read over these lines—**THE PENNSYLVANIA LINES**.

Bring with you some new member, in body, or, failing that, bring him by application for membership. You *must* come to this meeting, brother and sister of the profession! The American Institute of Homeopathy is not an inflexible, obstinate, ring-governed institution. You note that it keeps in touch with the times. It has this year completely remodeled itself in accordance with the wishes of its membership. Its meetings have been changed, the Sunday has been taken out, the memorial service made practicable, and every member will find himself at home in whatever section of the work he is primarily interested. It seeks to be truly representative of its cosmopolitan membership. Come over and help us, brethren. Do honor to the American Institute, and thus honor yourself.

**ET TU, DUDGEON!**

**D**ID Hahnemann alternate? asks the May issue of the *American Medical Monthly*, then gives a letter written by Hahnemann which seems to accept and recommend alternation. Wonder why our brother of the *American Medical* seems so eager to prove that Hahnemann alternated. If he is a homeopath—and we have reason to believe that he is—why parade now what seems a blemish on Hahnemann and his teaching? Why not look the rather for the good things in Hahnemann's system, and inculcate a better homeopathy, so that we may not again and soon have to chronicle another shameful slump of alleged homeopathic doctors and ex-homeopathic teachers over into the old school. If Homeopathy is properly taught—not by insinuations of this order, but by real honest teachers—then we will soon hear of a better feeling among homeopathic students and graduates. But to come back to the Hahnemann extract which our brother quotes. It is dated December 25, 1826. If our brother of the *American Medical* wants to prove that there is no such thing as Homeopathy and that Hahnemann was inconsistent and a hypocrite, he should refer back a little farther yet, say, somewhere about the beginning of the century, and

he will find sufficient material to suit his desire. Hahnemann grew like every other man grows. He did not die until 1844; and it is decidedly illogical to pick out a paragraph in a letter eighteen years before he died, to prove what he believed eighteen years later, when he was in the height of his glory and success. We can do more good to homeopathy by speaking well of Hahnemann than we can by belittling him or picking flaws in his private life. And even Dudgeon of London, translator of Hahnemann's works, seems now to ally himself with the enemies of the single remedy. What is the matter with the profession? Assailed from without, and not taught or ridiculed from within—how long will it be before homeopathy shall be merely a remembrance? Only this and nothing more.



### "THIS IS NOT HOMEOPATHIC—BUT."

WE are about to speak of the real homeopathic prescription, made by and under the careful supervision of masters in the craft, and with real, boney-fido homeopathic remedies.

CASE I. Large, colored woman. Seen by a homeopathic dispensary attaché. Found lying on her "stomach" in excruciating pain. A good homeopathic prescription made by the visiting attaché helped the patient so that the next day "mammy" was better. In reporting the case to the homeopathic dispensary professor later, it was intimated that bryonia would now be the better remedy because "the patient wanted a stream of cold water running down her throat."

CASE II. One Woman with headache and womb-trouble. Put on the rack, stuffed ram-jam full of absorbent saturated in glycerine and iodine, and given cimicifuga and iris in alternation; cimicifuga because she is a woman, and iris because she has a headache.

CASE III. Girl of 15 with a bad cough. Students crowd around while the Master of the Homeopathic Dispensary, that hour in charge, conducts the homeopathic examination. When do you cough most? At night. Before or after you go to bed? After. Lying down or sitting up? Both. Do you raise anything? Sometimes. White or yellow? Both. Does it

hurt to cough? Sometimes. Urine is "high" and "low" colored at times. Then follows an animated debate on the remedy to give for this cough. At length *drosera* is selected. Why? Because *drosera* is good for night cough, and because Hahnemann himself recommended it in night-coughs. Anyway, come back in two weeks if no better. And so on, during the homeopathic dispensary hour.

Now, what's the matter with these homeopathic prescriptions?

Are they not made with homeopathic remedies? Certainly.

Are they not made in a homeopathic dispensary? Certainly.

Are they not the product of homeopathic teachers credited with great skill in therapeutics? Certainly.

Are not all these parties to the examination and prescribing devotees at the shrine of the great Hahnemann? Certainly.

Are not *bryonia* and *cimicifuga* and *iris* and *drosera* homeopathic remedies and well proved? Certainly.

There were no Combination Tablets used? Certainly not.

There were no allopathic shot-gun prescriptions chalked up on the blackboard to be copied into the note-books of the homeopathic students for future use? Certainly not.

Well, then, if these were not homeopathic prescriptions, for goodness's sake what were they?

Isn't it right and homeopathic to give *bryonia* on one [wrong] symptom, namely: a nut-brown thirst?

Isn't it right and homeopathic to give *cimicifuga* and *iris* in alternation when the One Woman had both headache and womb-trouble?

Isn't it right and homeopathic to give *drosera* for a night-cough when Hahnemann, himself—the immortal Hahnemann—said that *drosera* is good in night-cough?

Isn't it right and homeopathic to prescribe on symptoms?

Isn't that all there is to homeopathy—symptoms?

Que voulez-vous?

The Totality of the Symptoms—oh, that, well, yes—but that was something Hahnemann evolved in his later life, when he mixed his

homeopathy with his religion and the pleasures of a ravishing young French wife. That's played out now! The French wife, the religion, and the Totality. We are scientific. We prescribe for a thirst, for a cough, for a headache.

And after a while, long or short, according to the amount of money left in the garret-hung stocking after being solemnly and clerigically graduated, a homeopathic doctor, in due and ancient form, some of these, finding that bryonia will not cure a thirst (that might be traced to salt herring or dried beef); that cimicifuga and iris will not cure a headache and womb trouble; that drosera will not cure a night-cough, however large and black that line is printed in Hahnemann's *Materia Medica Pura*; nor however low and repeatedly it has been given: some of these graduates will lose faith in HOMEOPATHY—in which they have *not* been instructed!—and either surreptitiously or openly ally themselves with the allopathic school; because *there* they give the student something that will stop the cough whether it comes on in the day or night, standing up or lying down; *there* they teach the graduate how to stop a headache, or a nut-brown thirst, with a bottleful of something black and molassessey and sticky and alcoholic and gotten from the drug store around the corner. But, with these nonsensical little pills, no bigger than a bird-seed, without taste, without smell, without anything—a handful whereof could be taken without harm or good—why, that's the babyest kind of child's play. Paugh!

Wonder why they let that kind of practice keep An Open Door.

Wonder why the authorities don't put up the shutters on the incorporated fraud.

Wonder how those little-pill and sweet-sand fellows make a living.

Wonder why our preceptors sent us there to waste our time and money.

Oh, Homeopathy, Homeopathy—how many crimes are committed in thy name!



**None Escapes.**—Wicks—'Pon my soul! I believe a bad cook supplies a doctor with half his patients.

Hicks—Yes, and a good one supplies him with the other half.

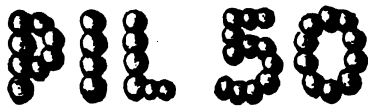
### THE FATAL GIFT OF ELOQUENCE.

WE have often bemoaned and bewailed our transparent inability to make banquet speeches. We have coveted times out of number that magnificent repose and self-consciousness which invests so many a man when he rises from his chair, in sections like Aphrodite from the wave, both hands deep down in his trousers pocket; and when at last he is completely uncurled and attained to his fullest stature, with a scarce-repressed sigh undoes his hands, and lets go the handful of silver dollars, which fall back into the depths with a merry clink, before beginning his philippic. And then, well then, Demosthenes and Cicero—their ancient glories fade and die away.

But the experience of American banquets in the past year, and a trifle over, has convinced us that perhaps our lack in this regard was a wise and merciful dispensation of Providence. For have we not now a small bead-roll of instances where the naval or military or civic hero, when he opened his mouth for banquet purposes other than eating, put his foot into it most deeply and grievously? In all truth and soberness it begins to look as if our government stood in greater peril from the unbridled tongue and pen of its martial heroes than it was formerly from the mouths of its enemy's cannon. It is true likewise of our own profession. Among many past instances in our personal knowledge, we recall two recent ones where things were said amid the licenses and festivities of a graduation banquet that had better been left unsaid, because of the ineffaceable injury done our homeopathic work. The last grievous instance was that which transpired at Detroit but a short time since, when the president of the State Homeopathic Society, giving momentary pause to the feast of reason, stooped to dip his Annual Address in scurrility and attack by name and place some of the State's and the University's appointees. It is gratifying, in some part, to hear that next morning the disgraceful references were voluntarily expunged. A night's pause following a "hot" banquet frequently makes great changes in one's size and temperature.

Your banquet hall seems to be rapidly transforming itself into a most dangerous pitfall for martial, civic, and professional greatness. It

may indeed become needful to appoint a banquet committee, with a large blue pencil, whose duty it shall be to listen to the speech or address and revise and correct it before its deliverance. In no other way it would seem to be possible to keep a man from making a fool of himself and disfiguring—to say nothing about disgracing—the occasion at which he has been called to represent, not himself with his individual likes and dislikes, but the profession which put him in the honored place. Verily, verily, as the Turkish proverb hath it: "Full many a man hath cut off his head with his tongue."



### ***The Anatomical Form In Religious Paintings.***

Dr. C. H. Stratz, in an interesting work on the beauty of the "female form," discusses from the standpoint of a physiologist the cultivation of beauty, especially in women, on hygienic principles, and points out some curious pathognomonic symptoms in types of female beauty in famous works of art, showing that artists should study pathology as well as anatomy. Thus, according to his diagnosis, the celebrated Venus of Botticelli, in the Uffizi of Florence, shows unmistakable signs of consumption, and ought not to be sailing naked in an open shell across the sea. A modern example of the same kind is furnished by Franz Stuck's "Expulsion from Paradise," exhibited at Munich in 1891, in which peculiarly crooked limbs, enlarged joints, and depressed ribs of our common mother indicate that she had suffered severely from rickets in her childhood. Still another instance cited is the Aphrodite in Klein's "Judgment of Paris," whose bodily formation proves that rachitis must have prevailed in the abode of the Grecian deities as well as in Eden before the Fall. If in these as in many other figure sketches, the artist had studied pathology as well as anatomy he would have pictured a higher type of the human form in the harmonious development of all its parts, such as it would present if trained in accordance with the laws of nature.—*N. Y. Med. Times.*

[Very clever. The shoemaker who found fault with the statue because of its bad shoes was of the same order of critics with the above.

Only quite recently we read a paper in *The Literary Digest* on the pictures of the Saviour's face: the prevailing opinion seemed to be a state of dissatisfaction. The face was characterized as weak, as feminine, lacking in power, etc. The present critical age has little reverence in it for the old and hoary legends, pictures, and superstitions.]

### ***Mechanical Medication Losing in Popular Favor.***

The drift of modern thought, in spite of all denial, is toward the recognition of a vital principle which defies the scalpel, the microscope, and the balance, and toward a frank acknowledgment that he who limits himself to dealing with the external local manifestations of a constitutional disease only dwells within the outer gates and will never enter the inner temple. Yet, how few of our own specialists, gynecologists, and surgeons trouble themselves to search for the hidden vital deviations from the normal, whose local manifestation they are content to remove by mechanical agencies, under the belief that they have actually performed a radical cure. The pendulum is bound to swing backward again soon. Methods now half-forgotten will regain their lost supremacy and our best efforts will once more be directed toward the cultivation of a pure materia medica and the solid building-up of clinical knowledge. Cutting for the sake of operating will become unfashionable. The profession then will be much less of a trade than now, and intelligent medication will command our closest attention. The current will be so strong that even our colleges will yield to it, and the knowledge of drugs will be studied with the enthusiasm and thoroughness now only given to anatomy, surgery, and the so-called scientific branches. When that time comes the "back-numbers" will be strongly in evidence, and many an antediluvian, beyond notice or call these degenerate times, will find himself a center of attraction, forced into the most comfortable seat in the front row.—*Pac. Coast Jour. of Hom.*

[Bro. Arndt puts it strong, but not too strong for the truth. We are glad he is feeling the wave in his far Western home. We know it is on the Atlantic Seaboard and rapidly spreading over the Middle States: the craze for operations is dying down; and in our own school, since the public avowal of allopathy by so many former homeopaths, a good deal of anxiety is visible that better teaching may be given from the homeopathic end of the commercially conducted corporations. It rests with the profes-

sion to change things. So long as they are content to see their students come back indifferent allopaths and later graduate as full-fledged allopaths, so long the colleges will be indifferent. Reforms are rarely promulgated from within.]

### *Something in Medicine Besides Cutting.*

Dr. Weir Mitchell in a debate upon the relations of nervous disorders to pelvic diseases in women concludes that epilepsy truly dependent upon normal uterine function or due to abnormal states of the sexual apparatus is rarely seen. He has met with only four reflex epileptics; none were from uterine or ovarian or tubal disease. He thinks also that some of the cases claimed as epileptics of ovarian origin are in reality excessively violent hymeneal convulsions. Insanity is, he concludes, aggravated by the menstrual epoch, whether normal or not, but that it is very rarely caused by it. Hysteria is not a disease of sex, and is not often cured by oöphorectomies alone, even by such as are justified by physical disease. Post-operative insanities are more common after pelvic operations than before. A great deal of ovarian and uterine disease would escape the knife by proper medical treatment. Many insanities after operations are due to the anæsthetic.—*The Medical Examiner.*

[Here's news for some of our homeopathic (?) cutters! Those who look at every woman only through a speculum or who think of her only as an operative victim. Perhaps, after all, there may be something in medicine, and as Arndt says, the "has beens" may have been right and in a little while be again in fashion. Since every student can cut as well and as deeply as any of his professors—the body, for cutting purposes being merely a machine, alike in all,—the fashion for cutting is dying out. Some day, and possibly soon, it may again be accepted as a truth that it requires as much, if not more, knowledge and expertness to heal a womb or ovary, than to dig it out, or cut it off. Speed the day!]



We have received in reprint Dr. Richard Hughes' three lectures delivered in post-graduate course before the London Homeopathic Hospital, 1895-96. The lectures bear the following titles: The Place of Drugs in Therapeutics; The Place of Homeopathy in Drug Provings; and Homeopathy Ideal and Actual. They are of the usual painstaking order of Dr. Hughes' work.

## Book Reviews.

ON THE RELATIONS OF ANTITOXIN TREATMENT TO HOMEOPATHY. Including a New Explanation of the Law of "Similia." By EMANUEL M. BARUCH, Ph. D., M. D., Professor of Pathology and Bacteriology, New York Homeopathic Medical College and Hospital; Professor of Bacteriology and Therapeutics, Metropolitan Post-Graduate Medical College, etc. New York: Boericke & Runyon Co. 1899.

This is a neat little vest-pocketbook and carries a fine argument for the topic which it attempts to discuss and clarify. It is dedicated to Timothy Field Allen, which is warranty enough to us and to all good homeopaths everywhere that Dr. Baruch is not aping after some of the Latter Day-Saints in the homeopathic school, trying to show that black is white, and that he does not train with the Tribe of Reconcilers. Dr. Baruch has a very fine understanding of the subject, and makes his point as he proceeds with good temper and reasonable arguments. With the latter he shows that there is, in truth, no antagonism between homeopathy and antitoxin treatment. But he does it in a way that will not jar upon the sensibilities of a good homeopath. It is a worthy bit of English and a nice contribution to our homeopathic corner of the library.

TRANSACTIONS OF THE HOMEOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK, for the year 1898. Edited by the Secretary, JOHN L. MOFFATT, B. S., M. D., O. et A. Chir., New York.

The New York Transactions, like Pennsylvania's, are always interesting reading, first because the record is that of educated gentlemen, and second, because they are homeopathic. In looking over the book as it lies before us we have not found a dull page, nor a page where someone might have been shooting a few Parthian arrows in the homeopathic body. We are pleased to see the excellent likeness of Dr. A. B. Norton, its President. Dr. Porter's definition of a homeopathic physician has been made a New York State Society classic, in that it has been ordered to be printed at the beginning of each volume of the Transactions. Here it is: "I define a homeopathic physician as one who

adds to his knowledge of medicine a special knowledge of homeopathic therapeutics. All that pertains to the great field of medical learning is his by tradition, by inheritance, by right." Very well stated. The Transactions are well arranged by the skillful hand of Secretary Moffatt, are clearly printed, and substantially bound. The volume is ever welcome on our table, and many excellent things are always found in its pages. New York still leads the homeopathic profession. It is our banner State.

**HISTORY OF THE HOMEOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA**; The Hahnemann Medical College and Hospital of Philadelphia. By THOMAS LINDSLEY BRADFORD, M. D., Author of "Homeopathic Bibliography"; "Life of Hahnemann"; "History of the Provers"; Librarian and Lecturer on History of Medicine at Hahnemann Medical College; Senior of American Institute of Homeopathy, etc. Philadelphia: Boericke & Tafel. 1898.

This is another work from the pen of our homeopathic Herodotus: a work that will be new to the end of homeopathic times. This history is, in fact, the history of homeopathy in America. Certainly of its official life and character. For in this school were the men who have given homeopathy a standing in the school of medicine. And from that time on to the present this college has been the birthplace of great men in homeopathy. Meet an alumnus of old Hahnemann of Philadelphia, wherever that meeting may take place, and you meet first of all a gentleman, next a good doctor, and last, but not least, a homeopath! There have always been wide-awake, whole-souled homeopaths in this school as there are even to-day, when it is so fashionable in some other quarters to lay off the strict designation of Hahnemann and be simply a physician. It is an interesting chapter, that which depicts the beginning of this school amid all the difficulties that then environed it. Three men were the founders of this vast homeopathic enterprise. When will their glory fade! The history is a history. It is made up of facts and figures. It is devoid of intentional sentiment, and yet there is not a chapter that does not appeal to the heart and emotion because of the love and labor of these three men and their numerous followers. It has made doc-

tors of the very first order—this college has: and it has made teachers and professors for almost every other homeopathic school of the world. It has not had all sunshine, even when the hardships incident to early growth and opposition are eliminated. It had its Gethsemane, but, as we read the story, with no fault on the part of the college. As we have said elsewhere in our writings, the boss we have with us always. And he was here, too. He must dictate what shall and shall not be taught. And to enforce his dictation he bought up stock and threatened to bull the market. But the tide of trouble was safely stemmed, and the college proceeded once more and ever since without a ripple. The biographies, when one takes the time to look them over, as one should occasionally, show what familiar names in homeopathic history of the world were concerned in the upbuilding of this school. Ah, there were giants in those days! They were not afraid to wear the livery of Hahnemann. They traded boldly on the name homeopathist. And to them the profession to-day is indebted for the strength of our institutions. For the historian's part what can be said that has not been already many times over said of him and his works in former days. *Hahnemann* is indeed fortunate to have this Boswell at hand to record its life and acts. He has faithfully done his part, as he did with the "Life of Hahnemann," as he did with the pioneers of homeopathy, and with the other historical homeopathic works from his pen. His diction is always clear, always graceful, and always convincing. He has arranged his facts with such exquisite skill that one is able to read dry statements of finances and catologic data without minding or skipping them. They are woven into the text in such masterly fashion that they are not burdensome, or oppressive by their frequency. The book is from the press of Boericke & Tafel, and that of itself is commendation enough. It is illustrated with many pictures of buildings and of persons. It is well bound and is not over-bulky. The book is really a history of homeopathy in America; and no homeopathic library the world over is complete without this book on its shelf. If our younger graduates, especially of the last five or ten years, who have been a little shaky on the

value of homeopathy, by reason of the indifference with which it has been taught or not taught them, will buy this book and read through its first dozen chapters and note the life that animated those three men and their later associates, they will feel that there must be something in homeopathy which they have not so far been able to understand. For it is not difficult to appreciate that in that early time it took courage and resolution and knowledge to keep the homeopathic principle dominant. Then its danger was from persecution. The young men homeopathically graduated of to-day who are looking longingly at the allopathic flesh pots—if they will stop and think a moment that this wonderful college at Philadelphia and all homeopathy in America to-day is the work of three allopaths—they may hesitate a little before they go back fifty years to undo the work of these Fathers in the Church. Hahnemann of Philadelphia, we greet you with all your honors! You have done a noble work! Your children are proud of you! And the profession is proud of your children! May you live long, and prosper!

**ATLAS OF SYPHILIS AND THE VENEREAL DISEASES**, including a brief treatise on the Pathology and Treatment, by Professor Dr. FRANZ MRACEK of Vienna. Authorized Translation from the German. Edited by L. BOLTON BANGS, M. D., Consulting Surgeon to St. Luke's Hospital and the City Hospital of New York; late Professor of Genito-Urinary Surgery and Venereal Diseases, New York Post-Graduate Medical School and Hospital. With Seventy-one Colored Plates. Philadelphia: W. B. Saunders, 925 Walnut Street. 1898.

To start with, this is no large, ungainly book that can find no rest on an ordinary book shelf, but must be put by itself against the wall somewhere, and so be forgotten because of its unhandiness and bulk. It is an ordinarily sized book, with its plates in colors, just showing forth the part of the body that is under discussion without embodying the whole structure of which it may form a part. The book is, indeed, nothing but an explanation of the plates, which, in each instance, take up the subject of some prominent lesion in the venereal department. And when this special department has been

found in the index and turned to, the reader will not be long in doubt either concerning the appearance of the lesion or of its treatment. It is admirably arranged. It seems to be one of a series of atlases composed or constructed on the same general plan, and the owning of the whole series will make a very compact and perfect library of the several subjects of which they treat.

**THE HISTORY OF PROSTITUTION: Its Extent, Causes, and Effects throughout the World.** By WILLIAM W. SANGER, M. D., Resident Physician, Blackwell's Island, New York City; Member of the American Association for the Advancement of Science; late one of the Physicians to the Marine Hospital, Quarantine, New York, etc., etc., etc. With numerous Editorial Notes and an Appendix. New York: The Medical Publishing Co., 17 Ann Street. 1898.

The story of this Scarlet Evil from the earliest dawn of history is one of never-failing interest to the general reader and more so still to the trained professional reader. Dr. Sanger begins his story with the Jews; he follows it up with the prostitutes of Egypt, Syria, and Asia Minor. Then he reaches Rome. In succeeding chapters he brings in the prevalence of the evil in France, Italy, Spain, Portugal, Algeria, Belgium, Prussia, Denmark, Switzerland, Russia, Sweden and Norway, Great Britain, Mexico, and so on down to and inclusive of New York. It is a marvellous story—the fluctuations in the manner of regarding these people—at times as saints, nay even gods, and at others, as now, as the outcasts from society. A reading of this book shows what is well known to every medical man of erudition, the awful prevalence of the evil in every time of the world's history, and the almost futile attempt at its extinction or eradication. Dr. Sanger makes a good point in his statistical tables in favor of regulating rather than legal attempts at suppression. But the question is one that has harassed legislators from the times long before Moses, and is one that will not likely be satisfactorily disposed of till the last trump shall sound. But the reading of a book of this nature will open the eyes of a good many people, medical men among the number, to facts of history that are unfamiliar to them, and which will serve to make them



pause in their mad cry of "Crucify Him!" That this book has a distinct mission will be evident the moment one becomes thoroughly interested in its first half-dozen chapters.

### Globules.

"The Care of Throat Affections," a paper presented to the *Homeopathic Eye, Ear, and Throat Journal*, and published by them, lies before us in reprint. Dr. Garrison, who is assistant surgeon at the New York Ophthalmic Hospital, has given a clear and well-stated paper on this interesting topic.

We note with some surprise that the staff of the Massachusetts Homeopathic Hospital contains no guineacologist—only a half-dozen first-class surgeons? Can it be possible they haven't learned that surgery is old-fashioned, and that guineacology is the proper title now-a-days! Strange, passing strange!

"*Viscum Album*," by Geo. Black, W. B. Edin., a little pamphlet of about eighty pages from the publishing house of E. Gould & Son, London, is an exhaustive treatise on the mistletoe. Dr. Black makes numerous quotations from history, current and ancient, medical and botanical, to enliven his topic and create an interest in the remedy. We think he has succeeded most admirably and we welcome his brochure to our working library with great pleasure.

The Twenty-ninth Annual Report of the Massachusetts Homeopathic Hospital and of the Ladies' Aid Association for the year ending December 31, 1898, lies before us. This excellently conducted hospital, in charge of our esteemed friend, Dr. I. T. Talbot as director, presents a flourishing condition of affairs. The new Nurses' Home provided from the munificent bequest of eighty thousand dollars by the late Mrs. Anna White Vose is a handsome building and handsomely furnished. The hospital has been a financial success and is as popular with the good people of Boston and of Massachusetts as ever. An institution of this kind, governed by a policy of peace, by peacefully disposed persons, is sure to draw toward it the attention of wealthy citizens. Our good friend and brother Dr. I. T.

Talbot is unquestionably the right man in the right place. His report shows no abatement in his customary vigor of expression and thoroughness of detail.

Prof. S.—"Mr. J., what is the principal condition that causes dilation of the stomach?" Mr. J.—"Pregnancy."—*The Corpuscle*.

Teacher—"What happens when a man's temperature goes down as far as it can go?"

Smart Scholar—"He has cold feet, ma'am." *Tit-Bits*.

Say, you Englishers, when you speak of us Americans, don't refer to us as coming from the "States." Give us the whole U. S. or call us Yankees. We object to the "States."

In looking over some copy a few days ago we found the author saying that he gave the 6x, 30x, 200x. We were not aware that the decimal system had been carried to the 200th degree.

At Springfield, during the session of one of the mechanical bureaus of the State Society, the usual inane, senseless line was read from an operation-reciting paper that "this is not homeopathic, but—" Several members at once wanted to know what was the need for dragging in that apology in such a paper.

In a paper, originally published in the (London) *Homeopathic Monthly Review* by Mr. Dudley Wright on the Treatment of Hemorrhoids and Prolapse of the Rectum by Interstitial Injections, recently reprinted in the *American Medical Monthly*, he gives as part of the formula for the injection fluid, "hazolini." An application to the chemist for this article is met with a negative. The article is not known. Thereupon we write to Dr. Eugene F. Hoyt, homeopath, of New York (the author of the treatment), and he answers that he knows no hazolini; that the acidi carbolici is the ingredient. Now, why confuse the ordinary reader with hazolini? In this country it would take its place with the Free-to-Men prescriptions which always contain one ingredient not to be found in the drug shops, hence necessitating application to the Free-to-Men advertisers.

Another edition of Boericke and Dewey's "Twelve Tissue Remedies" appears upon our review table. This has been a popular book from its first edition, and it is likely to prove

the same to the end. It is well written and well arranged.

"My son follows the medical profession."

"Where did he study medicine?"

"Oh, he isn't a doctor; he's an undertaker."

—*Yale Record*.

The transactions of the Homeopathic Medical Society of Colorado lay (or lie) before us, excellently printed and bound, but without discussions. A number of the printed papers are superb, notably the one on Sanguinaria, one on Catching Cold, one on Ear Cough, and one on Epilepsy. They all breathe the true homeopathy. But that's nothing new or unusual for Colorado: its men and women believe and practice homeopathy. A very pretty book; may it have many successors.

The *Syracuse Clinic* appears now with an engraved cover page representing Modern Medicine—a handsome Gibson girl crowning Hahnemann as he sits in meditative mood upon his pedestal in the McClelland monument—which may some day be erected in Washington City. The *Clinic* is an exceptionally bright and attractive little journal, and under the skillful hand of Brer Keeler has leaped from the plane of a mere corporation chronicle—a hospital record—into that of a first-class, well-edited professional journal. Give you goodden, Brother Keeler.

**Prompt** relief, unaccompanied by habit or untoward after-effect, is what the up-to-date practitioner desires for utero-ovarian pain. If the pain is over the lower border of the liver, or lower part of the stomach, or in short, be it headache, sideache, backache, or pain of any other description caused by suppressed or irregular menstruation, it will yield to two five-grain tablets of Antikamnia. This dose may be repeated in an hour or two, if needed. For very prompt relief, it is advisable to crush the tablets and swallow them in a little wine, or diluted whisky.

We have before us the Report of the Nineteenth Annual Meeting of the Newton Hospital Corporation, held February 6, 1899. The list of officers and trustees and Board generally is well divided between the homeopaths and the allopaths. The report is a large book, and very

creditable to the corporation, as it is to the State of Massachusetts. During the year closed this corporation, through the assistance of its many friends, has been able to add improvements to its plant amounting to \$52,032.17. It is in a prosperous condition.

The Cleveland Homeopathic Hospital (commonly known as the Huron Street Hospital) appears upon our table in its annual report showing progress and success. The report as a printer's job is sadly marred by the alternate page of advertisements—some whereof are not of the choicest—for home consumption. The printers also make pi of the name of our good friend Horner. Under their metamorphosing touch he becomes Homer, not of the Seven Hills, but, indeed, a modern Atlas content to build up and carry almost alone the rehabilitated Cleveland College. Dr. Horner-Homer promises to—but, hold, this is a notice of the Hospital catalogue.

The One Woman is no more! She was dropped from the faculty just like a little man. No notice given her of any dissatisfaction. No trial. No nothing. Just simply that somebody didn't want her. And so the end came. Great is the power of the modern faculty which maketh and unmaketh reputations in the gloom of its mediæval councils. The One Woman is now a member of that constantly augmenting Society of Ex-Homeopathic Professors. And we are glad of it. *Schadenfroh?* Not a bit of it! The One Woman, if she had been at all shrewd, could have seen, several years ago, that she had no place in a man-made, man-controlled medical college. She was mildly tolerated because of her presumed drawing qualities in bringing lady students to that college. But if the One Woman didn't see through the pretense, the lady students did. The One Woman is all right as a woman, and as a doctor, but she has no place in a medical college where there are thirty-nine males to represent the profession, and just her own lonely sweet self to represent the bettawhaaf of creation.

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#### The American Homeopathist.

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# The American Homeopathist.

JULY 1, 1899.

FRANK KRAFT, M.D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



WILLIAM TOD HELMUTH, Jr., M. D.

ATLANTIC CITY, *June 24, 1899.*

**I**T is finished! The twenty-fifth annual session of the great American Institute of Homeopathy adjourned a few moments ago. Its doings are now part of the history of homeopathy, as they are of medicine, and of the world. The Atlantic City sessions were the first to carry into practical life the shortened sessions devised by the special committee appointed last year at Omaha. The actual number of days occupied was four, though the nominal opening of the Institute took place on Tuesday about four o'clock. It was resumed after supper. But the real work of this great body began Wednesday morning. The first two sessions—those of Tuesday—were utilized

in clearing off the "deadly" routine, telling how glad you are to get there, and how glad you are that you are glad. There was some good engineering on the part of Prest. Bailey; for before the close of the first morning's session he had caught up with his programme and was calling for committees set ahead. That was doing good work. I believe Fisher at Newport kept up with his programme, but never really got ahead of it. This little incident would seem to show, what afterwards proved to be a fact, that there was abundant time for everybody if some of our good people hadn't got "rattled." I know that Prest. Bailey waited on several committees—some of whose members later on made complaint of lack of time.

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**A**T 9:40 each morning the Institute convened in general session. Routine work was rapidly but thoroughly dispatched. At 10:40 the first of the Special Addresses on popular homeopathic topics would be called for and, with but one exception, I believe, was presented and read. Some of these special address readers did most excellently by the Institute, not alone in making their papers valuable and instructive, but in making them so short that there would be time to spare afterwards. Blessed is the man who knows when to quit! Directly upon the fall of the Presidential gavel at 11 o'clock the chairman of the section next following would take his seat at the table and the sectional work begin without let or hindrance. This section would adjourn at one. At two the Institute met again in general session and the same attention to routine work was observed, then the turning over of the Presidential gavel to the chairman of the succeeding section. At 4 o'clock the sections changed again and

continued at labor until six. After tea came sectional work or festivities as the Institute elected. By this means one of the most serious of former objections was met and overcome: namely, that some of the sections never saw the Institute membership. In this new plan each section had one session before the whole Institute; and if they failed of holding that large general audience which the President always turned over to them, it could not be laid to the management of the plan, but to the lack of novelty or interest in the sectional work itself.

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A HURRIED reading of these two paragraphs would indicate that the member must of needs have been so very busy that it kept him hopping from section to section in order not to miss things. But it is a fact that there was lots and lots of time to visit the evening entertainments, the several smokers and reunions, to visit even in the daytime the many points of interest with which this beautiful city is abundantly filled. I cannot, therefore, understand why in the closing hours a member from the West introduced a resolution to amend the by-laws so as to obviate the "general" dissatisfaction which now existed at the very unsatisfactory plan of the sectional work. If there was any dissatisfaction it was certainly not "general," and was not apparent to me or to my assistants who reported to me from every section. I did gather from the remarks of one or two members of the materia medica section that some of its members were cut off in the flower of their eloquence by the cruel three-minute rule, and, therefore, some of the disappointed ones resolved to enlarge its powers and time by engrafting a new section upon the Institute's already overburdened calendar. There is no doubt, however, that the materia medica section was badly used.

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THE surgical section, it seems to me, was unduly hasty in assuming that it could not get through with its allotted lot of papers and discussers, and so they met in advance of any session whatever, agreed to form a surgical society, having first added an extra session to the printed number. The new society which

was formed will be under the protecting ægis of the American Institute, of course. Now if this dismemberment and severance continues, the American Institute of Homeopathy will in time become extinct, or become so badly emasculated that it will be nothing but a society to meet once a year to elect officers and decide where next to hold the next election of officers. Then the matter of expense will be solved as well as the time question. For it will not take more than one day to dispose of the routine. And that which was once the American Institute will appear as independent little institutes and societies, meeting a few days before or following the regular session of the American Institute of Homeopathy. This is already being done by the Eye and Ear people. This will be done by the Surgical folks, and the new Pharmacological Society. Then there will doubtlessly spring up soon the Pediatrical Society, the Obstetrical Society, the Gynecological Society, the Clinical Society, and the others, all belonging to the American Institute, but meeting independently of that Institute, each with its own set of officers, stenographers, smokers, transactions, and so forth. Where will the dismembering cease?

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AND now we are to take another view of that most elegant of modern medical societies—the American Medical Association. We have had this Association held up to us in many respects in the past, and now we are expected to pattern after their keeping of the minutes—the transactions. A proposition was made by the President—I think it sprung from his Presidential address—though I am not quite clear on that this afternoon, as I attended a smoker last night—that we publish our annual transactions in journal form. Doubtlessly the originator of this idea has well weighed the novelty of the suggestion and knows that it is practicable. From my standpoint it seems a decidedly hazardous undertaking. It would mean, as far as I can see, the purchase of an existing journal, or the creation of a new one. To make proper use of this journal would require the employment at a good salary of an editor. There are, it is true, a goodly number of editors in our ranks: but if one of these is selected it would mean antagonism from every other jour-

nal in the land. It is a very large question to confront us at Cleveland.

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WHY do we continue to hear objections to the Transactions as now prepared and published? Well, chiefly because so little of the discussions appears in its pages. But the remedy for this is in the election or appointment, whichever it is, of a more liberal Publication Committee with a shorter blue pencil. Secondly, the tardiness of appearance of the volume. But that again lies with the membership and cannot be charged against the officers. I speak from painful experience when I say that it is frequently the 15th of September before I am able to turn in all the copy for the Transactions to the General Secretary. And in a good many instances the copy is never returned to me from the ones to whom it is sent for correction. And yet there is a by-law explicitly covering this very matter. But where is the Secretary who would dare apply this clause?

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THUS it is that one generation builds a tower of exceeding strength and beauty, while the next generation pulls it down. We thought that the question of Institute sessions had been solved. At Omaha and for several sessions before that the cry was that the ordinary g. p. could not afford to dance attendance upon the Institute because it meant ten days' absence from his work at a time when ordinarily he was doing a good deal of work. The hotel bill was the affrightening object. Knock out the Sunday. Curtail the entertainments. Put more work into each working day. Stop the monkey-business and get down to that for which the Institute was inaugurated and is supposed to exist. Well, this insistent cry took committee form at Omaha. At Atlantic City the Sunday was knocked out. More work was put into the working days. Now the next generation wants it extended again so there will be more time for each section and more time to see and hear things.

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THERE was the usual amount of politics at the beginning, and perhaps a good deal more a little while even before the beginning. But by Wednesday morning, early candlelight, the boiling pot had begun to cool, and the nom-

inations began to take concrete form. Several of the nominees who had expected to enter upon the race had withdrawn, so that in the nominations but one name appeared for each elective office. And the election next day so showed. Dr. Walton, the happy and polished young Ohioan, went to the top, as he richly deserved. Dr. Cobb of Chicago took first vice-presidency while Dr. Nancy Williams took the second. Dr. Kellogg was retired as Treasurer at his own reported request, voted a suitable testimonial, and Dr. T. Franklin Smith took his place. Dr. Porter was again returned to his portfolio. Dr. Smith of Chicago took our former place. Every officer without contest. Dr. Walton's speech of acceptance, as one would naturally expect, was characteristic and happy. Well, he couldn't be anything else. That's the way of C. Elected Walton of Ohio. He made several little speeches in Atlantic City that were gems. He also dreamed two dreams, while residing here, which should be required of him by members who were absent.

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THE weather has been beautiful. It rained the first night of the Institute's arrival, but thereafter it continued sunshiny and warm until Sunday following. It was a delightful place for holding such a monster meeting. Away from the madding crowd, the heat and burden of the day, over the cool and breezy ocean, and with abundance of room in which to swing a cat or two. I met a number of the "boys" and some of the "girls" kicking up their heels in the surf below. The water was a novelty to some of the inlanders, both externally and internally. Indeed several of the Ohio contingent declared that the trouble with their in'nards was because of the water they been coaxed to drink. Some of the Chicago people went out one morning to fish. Some caught nothing but a bad dose of mal de mer. Others caught other kinds of trouble. And talking of Chicago reminds me that that special train, which was to have been loaded down with hundreds of doctors, to admire the beau-chi-ful scenery especially provided for this trip—did not have quite a hundred members. So the special train and the special scenery did not materialize. I have tried that special-train-racket myself in the times gone by, and I

know how almost absolutely impossible it is to corral a hundred men together on one train. And the editor who engages upon that kind of a contract usually finds when he gets to the end of his tether that he has earned every penny of the free transportation which comes to him as the sole reward for his efforts. It is like doing a couple of dollars' worth of hard work in order to get a fifty cent pass to the circus.

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STILL talking of Chicago, I want to compliment the Chicago Homeopathic Medical College on its handsome flag, which was flung to the breezes from the flagstaff of the St. Charles. It greeted my eyes on the morning of my awakening in the Rudolf, and I continued to admire it until in the darkness of Saturday night it was taken down. Hahnemann of Philadelphia had its flag flying from its headquarters. But I believe these were the only two schools that brought their banners with them to hang to the outer walls. I still indulge the hope that the American Institute of Homeopathy may in time find a flag for itself with which the hotels may be decorated and each member may use the colors for himself. The Cleveland "boys" had talked of opening an alumni headquarters here, but if it materialized at all I did not hear of it. They have adopted new colors. They consist of gold, white, and red, and are a judicious blending and uniting of the colors of the former two colleges.

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THE Cleveland delegation was a unit on inviting the American Institute to Cleveland next year. And after a good speech by Horner and another by Fisher it was so decreed. But it was given us with an "if." Namely, "if" the Hahnemann Monument Fund is able to collect the small amount of \$33,000 between now and next April, the Institute will go to Washington. Otherwise we will go to Cleveland. In the beginning of the sessions McClelland wasn't very hopeful of anything. Indeed for the first time in my life I saw him downcast—perhaps it was more a bad case of disgust. He said to me that he felt like throwing up the whole business and letting the monument go to the junk shop. He had blood in his eye at this time—for which someone advised him to take

aconite high: but later in the meetings he brightened considerably, and told me to be prepared to come to Washington on Hahnemann's birthday next year, sure, to attend the unveiling of the monument. I wouldn't blame him in the least if he got mad and told the whole thing to go to—The profession hasn't treated him at all well. He remembers, doubtlessly, that the world never takes its goodness without a thrashing. It always fights its benefactors. It has done so from the first and will continue to do so to the end. I hope for the Cause that we may go to Washington: but for my individual interest I hope the Institute will come to Cleveland. In this connection it was a funny thing that the real first choice of a large body of the membership was for a place that was not mentioned aloud. Namely, Saratoga. Put-in-Bay was the only other nominated place.

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DR. BAILEY made a model presiding officer. There is no record of a single mistake against him. He was always on time, always wide-awake, always courteous, no matter how taxing of a presiding officer's patience a speaker or his conduct might have been. He held on to his gavel with force and deliberateness. And when it came down, as it did several times with ferocious violence, silence became the order of the moment until his commands could be heard. And they rarely failed of being heard. It was a crass unkindness, however, to have him present his presidential address before a large mixed audience who had been lured into the place by a promise of a reception and a ball. As it was, he was not listened to, and despite his repeated requests for silence, his address on that night was not heard or understood by seven-eighths of the people present. To enhance the wretchedness of the acoustics, a large rectangular space had been fenced off between the stage and the audience, over and through which the speaker's voice could not carry. But this was the only occasion when the words of Dr. Bailey were lost. And it was the only time the Institute met in that hall.

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TALKING of a-coo-stix, the Casino, the general meeting place, was not any the best for talking or reading from the stage. If local

committees of arrangement would but study this question of acoustics a little more and the floral and other decorations a little less, much comfort would be added to the meetings both for speaker and listener. The stage was filled with plants and flowers; while draperies and festoons of evergreens fell in graceful folds from the back and front and sides of the stage. Necessarily the sound waves got entangled and were lost in all this elaborate work. A plain background, with the speaker as near to the background as possible, will give the voice more strength and effectiveness. Of course if every speaker emulated Gatchell and enunciated every vowel, and raised his voice at the end of a sentence, there would be but little trouble in hearing and understanding.

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**A** GAIN back to a-cow-sticks. There was that wound-up toast-master at the Rudolf banquet, who couldn't be heard twenty feet from where he was making his frequent Fourth-of-July orations, instead of introducing the speakers of the evening—what had the Institute done that this celebrity should be imported from Philadelphia over the heads of dozens of our own Demostheneses? But there he was, rotund of words as of person and habit, like the brook, going on and on, repeating homeopathic history, and general history down to date, when all the poor audience wanted was to hear the names of the speakers, and let *them* do the speechifying. But what a happy foil that preacherman was to this toastmaster? Did you ever hear a blessing invoked in shorter meter and more plainly to the point? Four hundred and twenty-five persons sat down to that Rudolf banquet. How was that for accommodations in a hotel which I had held up and recommended for the past year? And everybody was satisfied. Table and bed were excellent. The meeting in the grotto the first night was a meeting not soon to be forgotten.

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**A** ND so was the smoker given at the Empire Theatre by the Germantown Club; and on a later night the Night in Bohemia by the Grads. of Hahnemann. The New York Alumni had a reception at the Dennis. The Empire Theatre occasion was an exceedingly happy one.

It did look a little bit peculiar to see a man in a full dress suit, sitting behind a cob-pipe and a mug of boiled water, plus. Then the joining in the singing by the audience when the artist on the stage called for help was fine. This smoker had the exceeding great merit of *not* having any speeches beyond those made by the actors on the stage. When will committees learn that the man who is glad to be called on in a mixed audience for a speech, or a song, or a story, does not come to the American Institute? And to notify a half dozen intended victims of their election for speeches at to-night's banquet, is to send them to the nearest encyclopedia for cramming and cribbing, a tasteless meal, and a gelsemium dread for hours to come. There is something about the practice of medicine which commends it to me, far above that of the other two professions—the law and the gospel; namely its talklessness. Take a lawyer or a preacher, put a penny in the slot at any time, and you can get a speech. Not so with our profession. Or if he does seem always ready it may not be always absolutely original. Doctors are men who practice, not preach. These smokers are great institutions. They give that one touch of nature which makes the whole world kin. When you sit side by side with your most dreaded rival, who has climbed several rounds higher on the ladder of success than yourself—and see him drink the aforesaid aq. bul. + and smoke and join in the chorus of "Only One Girl for Me," and you will get a better idea of him and he of you. Long live the smoker!

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**T**HERE was one man of our happy lot who had had mixed up for himself and his friends a special brew which he called a mother mixture of teaberry. And when any unwary brother came his way or was inveigled into the cellar-way of his hotel, the private wink to the gar-coon always brought this peculiar-shaped water bottle with its sediment of berries and reddish looking liquid. Thereafter it would require a large-sized paper weight to keep one's tongue from talking, and a moderate-sized shoe-horn for putting on the hat next morning. They were "yolly fellers," those couple of dozen crews who laid in wait for people from the back

counties, and made them glad they had come to Atlantic City.

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TALKING about pictures. In several instances our oft-repeated though not original idea of using pictures in lecturing and reading was made use of. Notably the stereopticon exhibit of Homer—or, rather, Horner of Cleveland. He had arranged the neurological section over which he presided with so much credit in such masterly fashion that the first session took place in the evening, using stereopticon effects to tidy him over the necessarily tedious parts of his subject. He was eminently successful and won the applause of his audience. The papers by Talcott, and Adams, and Paine as well as his own, and later of Carpenter and Bartlett were very good.

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THE memorial service, let it be said with fervency and thankfulness, was a success. It has redeemed itself. It was brief. It filled its time with heroic-sized pictures of the departed, thrown upon a canvas by a stereopticon lantern, while Necrologist Smith briefly read the day of birth and death. Following this was an address by Dr. Cowperthwaite and another by Horace Packard. But the most effective exercise of the evening was an oration by Le Seur of Batavia. No trouble to hear him. No mistaking what he said. Nor the impressive manner in which he said it. No manuscript in this case. Simply a heartfelt address, delivered from the heart and spoken in memory of the dead. There were many wet eyes in that audience when he was done. It was beautiful. It was sublime. Our honored dead were honored. Thanks, Chairman Hedges!

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THE Hahnemann Monument Committee, which had been assigned no place on the programme, was given an opening on one day and made good use of it. Several thousand dollars were subscribed. Heintz, the famous pickle man, was called for and promised to give his donation, which he did later by sending a check for \$250. Let us all hope that there will be no further hard times to intervene before this new collection is taken in. And, further, that the American homeopathic profession will not suffer

this beautiful monument to fail of appearing in Washington by reason of the niggardliness of that profession. It was not pleasant to look from my reporting table and note the silence observed by well-to-do doctors present who could with ease lighten this burden of the McClelland Committee.

But if the blood-in-the-eye McClelland didn't get his monument money assured, he was successful in changing the spelling of Hahnemann's dictum from -antur to -entur. Henceforth, therefore, therefore, the faithful will write and print it *similia similibus curantur*. It was clearly shown by Dudgeon and Dudley that Hahnemann didn't know what he was doing when he spoke of it as *curantur*. If he had he would have chidden that society of his intimates and brethren who presented him with the gold medal inscribed with *curantur*, that was found in his coffin when it was recently opened in the re-inhumation. Hahnemann was a great man in his time, a very great man; but to-day—well, that's another story. We are standing, as one speaker said, on Hahnemann's shoulders.

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THE sectional work, so far as I could learn from personal inspection and from my assistants, had nothing to break in upon its harmony or disturb its success. When I attended for a few moments in the non-mechanical sections I was fain to believe that homeopathy was ~~the~~ thing. Then, when I looked in a few minutes upon a mechanical section, I was as easily convinced that nine-tenths of human ailments are amenable to instrumental treatment. But everywhere there was completest freedom of speech and gentlemanly tolerance of individual opinion. In only one instance did I notice a willful disregard of the rights of others—and that I am ready to ascribe more to intense enthusiasm than to selfishness. This particular section had been euchred out of its regular session the day before; and when it finally came to the gavel it had no audience; so it waited a full half hour. When its time for adjournment came, the chairman, notwithstanding repeated demands by the chairman whose time he was occupying, refused to surrender until his papers had been read. Gatchell did that in a different way, and one worthy of



emulation. He was chairman of the Clinical Medicine section. He went along, or rather he let his section glide along, as smoothly and as unconcernedly as if he had all that day and the next until midnight in which to run things. But the moment his watch pointed to four o'clock, he brought his gavel down, said: "This time now belongs to gynecology; we will resume our section at to-morrow at such and such an hour." It takes a stiff back-bone and good grip on the mallet to do that.

THERE is one suggestion I would like to make to future Local Committees, in relation to the sittings of the section. Let there be posted on the door of entrance to each section what section is in there at work. Downstairs, or at the entrance into the building, there should be *one* bulletin board with some authorized person chalking up the places where the sections are to be found, and other detail. One of the greatest annoyances of this past session was the crowding of the stairway and the necessary noise and confusion resulting therefrom, when the membership had to climb into the second story to get at the Bureau of Information. And that suggests that some *one* person be put in charge of the festivities—a modern Master of Ceremonies. One such person, well posted and willing to answer questions, could keep the whole Institute in sweet and good humor. As it was at Atlantic City, and has been in former times, nobody knew anything authoritative. Sections were sometimes changed from one room to another; sections were combined; or new hours appropriated; and nobody knew anything about it. So it was with the Ladies' part of the programme. They strayed about like lost sheep the first two days. Somebody was supposed to have their programmes. But who this somebody was nobody seemed to know. The Meissen went almost a-glimmering because of this knownothingism. Someone would say; don't go there; the deep-sea sail is off. Or if you go to the station you'll find the Longport trip is off. And so on. When in the Memorial Services it was necessary to turn out all the glowlamps in order to give the stereopticon views, the janitor could not be found, and nobody else knew anything about the thing, until

after waiting some time for the appearance of the proper parties, Prest. Bailey mounted the platform and said something with a Nebraska-cyclone flavor to it, and the lights went out. Someone asked in one of the meetings for a sergeant-at-arms. What is needed, a hundred times over, is a Sergeant of Ceremonies. Isn't that right, brethren and sisters of the Institute?

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THE Pharmacopœia people agreed to split the difference, by recommending that the former committee be reappointed plus a few new members, and that these go to work and bring out a revised, or second edition of the Pharmacopœia.

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BUT I want to say again, notwithstanding my few growls herein recorded, that this was one of the finest meetings I have ever attended, and I haven't missed one since I j'ined. The arrangement of the meetings, in a cool and pleasant place on a steel pier extending several hundred feet out into old ocean away from the noises of the street, was admirable. The entertainment part, the hospitalities, was not overdone. There was an absence of intense patronage, if I may use the word: in other words there was nothing offensive. Everything seemed open and free. Except the veiled Egyptian lady who told one's talents. And the bathing robes. The Ocean cost nothing. And that is one thing else to speak about. Namely, the cheapness of everything you want to buy. Remembering that this is an ultra-fashionable watering place always on holiday parade, you expect to pay pretty high for your whistle. But articles were very cheap and this was an agreeable surprise to all. The ladies remarked this especially when they came to buy little things to take back with them to the United States. It was a splendid view of fashions, that promenade on the board walk to the ladies who rode in lazy chairs, or sat in the many little shaded resting places and watched the fashionable world go ambling by.

And so we have added another session to the Institute to the many gone before. I have said it before, but it will bear repeating, that it is always a sorrowful time—this being present at the closing moments. It is almost like a sexton or

the undertaker's apprentice putting away the black-palled horses upon which recently stood the casket. This feeling of loneliness was intensified when I got to the hall Saturday morning,—for I have been writing this letter at odd times since the closing—and found the undertaker's apprentices tearing down the festooning and carrying out the potted plants and other decorative flowers. When they got through the stage looked dead and bare. It seemed to me like undue haste to get rid of us and our nonsense. It could not have hurt the stage had these plants and flowers and decorations been suffered to remain a few hours longer. A Master of Ceremonies could have been appealed to to stop the desecration. But there was no one to whom one could speak.

And when Prest. Walton calls for the Faithful to rally about him next year, whether at Washington or Cleveland, may we all meet again, and not one be among the missing. So say we all of us.

THE EDITOR.

WHO was it that said you will never cure migraine unless you exclude coffee from the dietary? I forget, but I believe the dictum to be a sound one. We are told of Balzac that in his earlier career as a novelist he "frequently did not go out for weeks at a time farther than to the nearest grocer's, and that only to obtain coffee, which he consumed at night while he read or wrote. From the life he led at this time he contracted a tendency to violent attacks of toothache, recurring all through his life." Brown-Sequard traced pruritus ani to its free use; Legrand de Saulles, agoraphobia; Vincent Léon Simon, loss of virility; while Mess. de la Tourelle and Gagne have recently brought forward a memoir on chronic intoxication by the berry, as symptoms of which they enumerate many digestive and nervous disorders.—*Hughes*.

ANTISEPSIS, too, with all its virtues, has opened a new source of medicinal poisoning, and its carbolic acid and corrosive sublimate, used to bring local death to bacteria, have proved by absorption indefinitely harmful to the patients they would protect against them.—*Hughes*.

## Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M.D., 110 West 12th Street, New York.

References in this department are made by number. See issue of January 1 or December 15 of each year.

### *Comocladia in Eczema.*

The Chironian says:

"The action of this drug on the skin resembles rhus tox. in producing erythema, swelling, and papular eruptions; it lacks the power of the latter in causing vesiculation, but exceeds it in provoking suppuration, and particularly on the legs. It also causes sensations of heat, burning, itching, stinging, crawling, and tension, which may shift rapidly from one spot to another. Aggravations may occur from touch, warmth, rest, and in the morning and evening. Relief may follow from motion, rubbing, scratching, and in the open air. The favorite location for diffused redness and swelling is the face; for circumscribed patches, the trunk and lower extremities, and for suppurating lesions, the legs.

"*Comocladia* may be indicated in acute erythematous eczema of the face with marked swelling of the skin, partly closing the eyes; or for chronic erythematous eczema of the face, characterized by a frequently recurring puffiness or swelling about the eyes (crotalus).

"It is also adapted to a papular eczema of the trunk and extremities which remain papular—not becoming vesicular or pustular.

"Cures have been observed from this drug in attenuations from the first to the thirtieth."

### *Ledum Palustre in Carbuncle.*

Dr. Ingalls<sup>22</sup> calls attention to the use of *ledum* in treatment of carbuncles. He says:

"*Ledum palustre* is a small evergreen shrub, growing in swamps and other wet places in the northern part of Europe, Asia, and America. The leaves have a balsamic odor, and an aromatic camphorous bitter taste, and contain among other ingredients volatile oil and tannin. The leaves are thought to be narcotic and diaphoretic and have been employed in exanthematous diseases.

"My procedure is as follows: I give the 1-10 tablets internally every hour and apply poultices of flaxseed meal wet with *ledum*, one to ten,

changing every half-hour during the day. At night I apply a cotton compress saturated with the following :

R Ledum }  
Alcohol } .....aa 3 ii  
Aqua }

"The above I repeat day after day until the slough is easily removed, which will be from the third to the sixth day. I then lightly pack with sterilized gauze saturated with the above solution ; granulations at once form and quickly close the cavity. Ledum will always speak for itself in carbuncle."

### *Tarantula in Cough.*

Dr. Roger in ' cites case as follows :

Cornelius G. B., aged forty-one. Sore all over ; throat gets dry ; cough on lying down at night and in morning after rising, dry, with tearing pain in chest ; is excited by pressure of phlegm in chest ; gets short of breath for at least an hour after each coughing attack ; only relief comes from smoking ; bad taste in the morning. Tarantula his." three doses, cured.

### *Gelsemium.*

Stephens ".—Gelsemium is of inestimable value in the treatment of all eruptive diseases. Its action on the skin circulation leads to rapid appearance of the eruption and at the same time the remedy has a salutary influence on the urinary organs, which is desirable, as the skin under the circumstances fails in its duty. In such cases veratrum is its natural companion, or such at least is my observation, though many prefer aconite.

In inflammation of the lungs and their coverings, especially when there is tightness complained of, and hence distressed breathing, gelsemium will do excellent work. In inflammatory action in the different organs of the body, gelsemium must never be forgotten nor overlooked.

### *Blatta Orientalis.*

Dr. Pfander " of Bern gives this very interesting case :

A. S., æt. four years, suffered much from bronchial affection with extensive fine and coarse rales—i. e., bronchitis capillaris, and from true asthma, beginning with dry crepitation. Usually the asthmatic attacks yielded promptly under arsenic and ipecacuanha. On

November 21, 1896, she was taken violently, and could scarcely breathe. Respiration was whistling (sibilant rales); there were no moist rales ; the forehead was covered with cold sweat. I gave blatta, hoping that its action might be more rapid than that of the other remedies, and I was glad to find that the condition was so much improved on the next day that the child could breathe with considerable comfort and that but little rattling could be heard. Posteriorly no rales could be heard, and respiration could be performed easily. Two days later sibilant and moist rales were again detected on the posterior surface, and naphthalin was given with excellent results. In this case I verified the observation of Dr. Nay, that after some little time, under the continued use of blatta, there is an aggravation, calling for a discontinuance of the remedy. Possibly this might have disappeared from simply stopping the remedy.

### *Stramonium.*

Taylor ' gives the following as characteristic keynotes of the remedy :

Stramonium has a dullness of intellect, a sense of stupor, great indifference, poor memory, inability to carry on a connected conversation; the patient is very apt, after speaking one or two words, to forget what he was talking about. Hallucinations are usually present, and they are very prominent. The patient acts and looks frightened; sees imaginary persons, animals, and other objects; looks about the room, under the bed, and in the bed for some imaginary being ; attempts to catch or dodge what he thinks he sees ; imagines that persons are outside the room calling his name ; speaks of having been told certain things by some spirit ; fancies that he hears music, and when alone converses with imaginary persons. He also imagines that he is dead, or going to be killed, or that the world is being destroyed. He is melancholy one moment and gay the next ; the patient wants light, and company, and always dislikes to be left alone ; desires to be taken out of the room, but when out does not know where to go, will move a few steps in one direction and then back, and finally seems better contented when he is again in the ward. On account of vertigo, he cannot walk in the dark or when

blindfolded. He imagines that he has done some great wrong, or is saying, "I never did a wrong thing in my life, and do not know why I am pursued." The eyes are wild and staring and have a vacant look. The pupils are always dilated more or less. Unlike hyoscyamus, the pulse is above normal, but as a rule the temperature does not change. The patient will cover his head with the bedding, and sometimes crawls under the bed. He imagines that he sees colors and beautiful visions.

In appearance the face of the stramonium patient is inclined to be bloated; the mouth, tongue, and throat are usually very dry and parched, and water does not seem to satisfy them.

### ***Staphisagria in Decayed Teeth.***

Custis in Am. Medical Monthly says :

If a child is old enough to have teeth, we should examine them. If we find them decayed, or with black streaks across them, staphisagria is the remedy needed to change the constitutional tendency, or the dyscrasia that thus manifests itself. No case could better illustrate this than that presented as follows :

There was a child between two and three years old, suffering from malnutrition, issuing in marasmus, or rachitis, or in whatever you may be pleased to call it, the prominent symptoms of which were inability to walk or use the limbs at all, and a diarrhea that presaged speedy death, but above all, as indicating the remedy, the rapidly decaying teeth.

After the use of other medicines, with little promise of recovery, staphisagria caused marked improvement in all the symptoms, even those of the bowels, and when we last heard of it the child was walking and talking. This is another case in which the keynote symptom, easily observed, was the all-important one.

Staphisagria, as well as psorinum and calcarea carb., is one of the deeply acting, constitution changing, antipsoric remedies which it would be well for us to study carefully.

### ***Chloride of Gold in Morvan's Disease.***

Professor H. V. Halbert :

We have here a case rare in its extreme characterizations, although often observed in a minor pathological degree. It is caused by a

brachial neuritis which has resulted in a slowly progressive atrophy, and a subsequent paralysis of the muscles of the hand and forearm. Attending these symptoms we find a gradually developing analgesia and the development of painless whitlows. We observe here the enlargement of each terminal phalanx and the tendency to tissue necrosis. There is absolute loss of pain and temperature sensations, though the tactile sense is preserved. All of this is due to the involvement of the medullary sheath of the nerve involved and the gradual degeneration of the axis cylinder. This cuts off the trophic communication in the neuron relation between nerve and cell. As a result the muscles slowly weaken and atrophy, and finally the whitlows develop, due to the trophic disturbance. This case should be differentiated from the typical syringo-myelitis due to lack of cord development and in which we find simulating symptoms.

This young man, thirty years of age, has been a cook by vocation. The constant use of the hands in the kitchen requirements, together with some possible traumatic influences, have favored the development of a local neuritis. This has been of such extreme character as to bring on tissue necrosis in the most pendant parts. The chloride of gold, 2x, one tablet four times daily, has been administered for some time, and the improvement is marked. Already the pain and temperature sensations have returned somewhat to the parts involved, and the necrosis is certainly arrested. The general conditions have greatly improved, and our patient is confident of a cure. I wish, therefore, to emphasize the therapeutic value of this remedy in chronic cases where there is degeneration of the nerve tissue. I have proven its efficacy in many cases where there were pronounced lesions of the nervous system in which the symptoms seemed decidedly unfavorable. Besides, it is a much safer remedy than the iodides, and the results are more promptly observed.

### ***Spigelia in Neuralgia.\****

An interesting case is given as follows:

R. W., a printer, asked advice, on October 9, 1892, as to a pain in the left side of his face, after having been treated for several days by the doctors of the lodges to which he belonged; the

ailment had already continued for half a year. It was of a tearing nature, appearing chiefly in the afternoon and at night, while in the forenoon it was quiescent or appeared but rarely. The nerves of the forehead and the temple, of the orbit and of the upper jaw, were affected. Warmth, whether dry or moist, always aggravated the pain. I prescribed *spigelia* 3 dilution, five drops every two to three hours. On the 16th of October the patient reported a considerable improvement and I repeated *spigelia*, and on the 21st of October he reported his perfect cure.



### ***NUX VOMICA IN FEVERS.\****

By E. B. NASH, M. D., Cortland, N. Y.

**I**N my book "Leaders in Homeopathic Therapeutics," pg. 11, I wrote: "Great heat, whole body burning hot, especially face red and hot, yet the patient cannot move or uncover in the least without feeling chilly."

This condition of feverishness is of common occurrence and yields to *nux vomica* with a promptness that would delight a Lippe. It makes no difference what the name of the fever, whether inflammatory, remittent, or fever accompanying sore throat, rheumatism or any other local trouble, if we have these indications we may confidently give this remedy and will not often be disappointed in the result. I once had a case of phthisis pulmonalis very far advanced, and, of course, incurable. She had chills every morning, which were followed by exactly this kind of fever, and was growing weaker very fast under them. After a dose of *nux vomica* 1m she never had another chill and no more of the fever, but began to gain appetite, strength, and spirits, and continued to do so as long as she remained under my care (about two months). Then her husband came and removed her to Ann Arbor, Mich., where she had repeated attacks of hemoptysis and finally died. I relate this case because it shows how much improvement and comfort can come from the indicated remedy even in incurable cases, and that the symptoms indicating good results will follow, no matter what the pathological condition.

\* Presented to the Homeopathic Medical Society of Ohio, 1899

As almost all diseases, both acute and chronic, are attended in greater or less degree with abnormalities in the way of chill, heat, or sweat, and the provings of all remedies are the same, it follows that a good knowledge of the peculiar and characteristic symptoms coming under this rubric gives the physician a good start toward a skillful prescription. Boenninghausen knew this full well when he gave us his incomparable repertory on intermittent fever: but let it not be supposed that the usefulness of this book is confined to intermittents. I think it was a mistake to have used the word "intermittent" in the title, because the symptoms chill, heat, or sweat are found in almost every disease to which flesh is heir: consequently the book is found correspondingly useful in a very wide range.

For the use of *nux vomica* I have found characteristic the following:

#### *Chill.*

Chill or coldness with blue hands and nails.

Chill or coldness with pain in back and sacrum.

Chill or coldness on contact with cold air.

#### *Heat.*

Heat intense, long-lasting, with red face.

Heat, but must be covered nevertheless.

Chill returns if uncovered during the heat.

#### *Sweat.*

Sweat aggravates the pains (ars. alb., and nat. mur.).

Sweat one-sided, right. (Puls., left.)

Sweat as soon as one lies down to nap or sleep.

Of course in choosing a remedy one would not be justified in choosing from these fever symptoms alone; but my experience is that if such fever symptoms are well developed in a case, other symptoms will so correspond as to seldom change the choice of the remedy. If the fever symptoms are not well developed, or in the nature of the case are greatly outranked by other symptoms, it is different.

Would I place the rubric under which in our materia medica occur "Chill, Heat, and Sweat" at the head of the list with which I would advise the student to familiarize himself? No! Nor any other. That might lead to the introduction of the treatment of fevers as a specialty.

Hahnemann placed the symptoms first. Perhaps that was right as a rule, but there are notable exceptions. I think it was Boenninghausen who marked out a course somewhat as follows :

1st. *Constitution and Temperament.* That covered the personnel—the patient in general.

2d. *Location.* That means where are the pain, swelling, atrophy or other local manifestations as near as can be indicated.

3d. *Sensations.* They are so various and characteristic as to raise no question as to their value.

4th. *Modalities.* This covers causes, aggravations, and ameliorations.

I do not know that this arrangement can be bettered for therapeutic purposes, nevertheless no cast-iron mold can be made that will cover and fit all cases. And so I hope this short article will not be construed into an attempt to recommend choosing a remedy from a fever standpoint to the exclusion of others equally important.



### **NUX VOMICA IN HEART TROUBLES.\***

By LIZZIE GRAY GUTHERZ, M. D., St. Louis.

AS few cases of heart trouble *per se* fall into my hands, I promise to be neither prolix, erudite, nor novel. As a matter of fact there is no class of ill to which the flesh is heir (unless it be our new-fangled foe : appendicitis) about which I am more skeptical than genuine heart trouble. As I glance over the mortuary reports in our daily papers, I am more amazed each year at the great variety and vast array of cardiac ills which slay our brothers and sisters from the age of one to ninety years. Probably the heart specialist will take issue with this belief, or lack of belief on my part. With equal candor I frankly admit that many a diagnosis is problematical. With your pardon for this exordium I herewith return to my text.

We as homeopaths know that many cases in which nux vomica is the similia, and in which there is an actual or seeming heart trouble the cause of the trouble with which we have to deal is reflex, or sympathetic in its origin.

A few years since the case of a gentleman

\* Presented to the Homeopathic Medical Society of Ohio, 1899.

aged forty came into my hands. He had been in ill-health for several years, and being wealthy he had put himself at various times under the care of numerous prominent physicians of the allopathic school in St. Louis, New York, and Boston ; he had rung the changes on climate from Maine to California, from Canada to Florida. The case had been diagnosed as sciatica, Bright's disease, phthisis, and finally angina pectoris. One doctor suggested cutting and tying the sciatic nerve. Every diuretic imaginable, including Poland Springs water, had been administered. Tubercular serum was advised. Digitalis and other heart remedies were prescribed *an infinitum*. Finally, through the instance of his wife, who is a patient of mine, he came to me with little faith in my ability to doctor a man and much less faith in homeopathy. I found my patient morose and despondent, but much inclined to talk of his condition. His face bore a distressed expression ; in color it was sometimes pale and at others much flushed ; cough dry, fatiguing, and spasmodic, particularly annoying after eating. In chest a rough, raw feeling. But the point he most insisted upon was "my heart feels so tired, it palpitates so strongly on lying down. My pulse is so hard and full, and there is a sharp pain in my left arm." My man had not dark hair, neither had he led a sedentary life, or been a high liver, but he was much constipated, and he would awake at 3 A. M. with many complaints. Hence I decided that nux vomica was the remedy, and that the nervous disorder of the heart was reflex from the stomach, and that the stomach chaos was the result of the abuse of drugs. I gave nux vomica 3x, 30x, and 200th. After three years my former patient continues well and is in active business, though for eight years prior to his homeopathic emancipation he had suffered many things of many doctors.

Mrs. B., aged seventy, of the brunette type, short, stout, positive in manner. Had always been blessed with a fine appetite ; fond of rich and highly seasoned food. Had also been blessed, most of her life, with excellent health. One hot summer's day complained of loss of energy (is by nature active and industrious) became excited, conversation irritated her.

When I reached her she complained of dizziness and said something heavy was sinking into her brain. Face ashy pale, dropping of the jaws, short, slow breathing, hands, feet, and nose cold and numb. She said her legs were dead. She was terribly afraid of sudden death—not fear of death, but of sudden death. There was palpitation of the heart, but the heart's action was weak, the pulse rapid and small, intermittent. She was trembling all over and the hands shaking like a drunkard's, and there was a sudden failing of strength. I gave this patient *nux vomica* 3d, every fifteen minutes for several doses—put the feet in a hot mustard foot-bath. I gave this because I am a fast friend to the mustard foot-bath as an adjuvant. (Rub dry mustard on the feet and limbs up to the knees and then immerse in hot water.) I do this for the reason that a thing of this kind looks to the anxious friends as if something was being done for their loved one, and also because it has a soothing effect upon the patient. When I left the house an hour after my patient seemed better, but when her husband asked me what was the matter I replied: "Your wife is threatened with paralysis of her heart." He then told me that some years before his wife had had a similar attack and the attending physician diagnosed the attack just as I did, but that his wife never knew the doctor's opinion. However, that physician had the case under his care for several months. The doctor was a homeopath, but I do not know what remedy or remedies he had used. I kept my patient on *nux vomica* for three weeks, and later gave it in the 30th and at longer intervals. I have met the lady frequently in the two years that have intervened, and she tells me she tells me she has never been ill a day since. I put an embargo on the spicy food, but, being pretty determined on her own way, I doubt if, after the fright wore off, she obeyed. At all events she skillfully evades all questioning on this point.



**Nancy Williams** was honored by being called to the President's platform when the Hahnemann Monument Fund was being discussed. As she appeared there the audience rose and cheered.

### A CLEVELAND VISITOR.

**DR. HAHNEMANN MONUMENT SMITH** was in Cleveland one day last month, perhaps not wholly on pleasure bent. He made this editor a pleasant visit. Dr. Smith has been here before. He knows the way out to our suburban office and residence, and he never fails to come. He does not stoop to the cheap and shabby pretense of calling us up by 'phone from the office of some college official down in the gold-brick district, telling us that he had that morning come to our b'you-chee-full city, but had been so awfully busy all day that he couldn't call on us. Must take next train for home. Then sits him down to another Apollinaris dinner with the faculty officer. Other visitors coming to our city have made the same mistake of supposing that there is nothing to Cleveland but its Euclid Avenue; that is to say, that there is nothing to homeopathy but the handful of college professors; and that the remaining two hundred and more of thriving homeopathic physicians are not competent to speak for themselves and are, therefore, never looked up or interviewed. Take the correspondence from this city and note with what unanimity the medical editors accept items only from college folks or those referring to them. It never occurs to them that the profession outside of the faculty may have some standing here as well as the college people. Now, when we read the news from Philadelphia, or New York, or Baltimore, or Chicago, we get the professional news, and the colleges are merely incidents or episodes. But let the information come from Cleveland, and ten to one it will come through the college funnel. The visitor coming to Cleveland seems to fall naturally into the hands of the college promoters; there he is promptly filled with a good dinner and college news and hopes and prospects; and sometimes, also, with the rottenness and meaninglessness of everything and everybody else professionally that does not genuflect to the college. Then when mister man gets home, out of the fullness of his stomach and gratitude for the free dinner, and the free Apollinaris, and the free haul over our boulevards and up and down our Euclid Avenue, he writes or speaks his little *ex-parte* piece concerning the Cleveland profession! It

might be well, though perhaps gastronomically not so satisfactory to him, for the visitor to Cleveland to remember that there are other avenues of wealth and beauty besides Euclid Avenue; that there may be progress and zeal among the Cleveland homeopaths who do not cluster nor clutter barnacle-like about the college and hospital in a tickle-me-tickle-you combine. The profession of Cleveland is larger than the college. But thus far, with rare exceptions, Cleveland medical news is college news—well censored. Dr. Smith always goes to a first-class hotel, and then calls impartially upon the local profession. Wonder whether he got that large and loudly promised wad for his Monument fund.



### QUESTIONS.\*

TO BE ANSWERED BY ALL APPLICANTS FOR  
THE POSITION OF INTERNE AT  
THE COOK COUNTY HOSPITAL.

1. In disabling an enemy of good government at a primary election which blow is preferable, one on the inferior maxillary or one on the solar plexus?
2. For pulling a leg, is it necessary to administer an anæsthetic?
3. What is a joint? Give the location of the hop joint.
4. Which is the more nourishing food for convalescents, weiss beer or mixed ale?
5. If you were to find a gentleman of respectable appearance, with money and jewelry, lying unconscious in the street and there happened to be no one at hand to assist you, what would be the first thing to do?
6. According to the laws of hygiene, what is the correct poultice for a Frankfurter sausage—mustard or horse-radish?
7. In dressing up an easy mark is it advisable to use splints?
8. What is the best brand of knockout drops? How should they be administered?
9. (a) What has been your experience in the use of instruments? (b) Which is more highly

\* We copy this from the *Clinical Reporter*. It is good enough to be republished in full, and will fit a good many politically governed hospitals.—ED.

indorsed by modern practice, a razor or the knucks?

10. (a) In which school of medicine did you receive your early training, the republican or democratic? (b) Did you ever study under "Doc" Jamieson?

11. Describe the following parts of the human system: (a) the coco, (b) the lamps, (c) the listeners, (d) the beak, (e) the slats, (f) the mit.

12. Is St. Louis beer an antiseptic?

13. (a) Would you exert yourself to save a man's life if you knew that as soon as he recovered he would go out and vote against the party of good government? (b) Why not?

14. Are you in favor of the eight-hour day for typhoid patients?

15. Have you studied anatomy? If so, what is Robert J. Fitzsimmons' chest measurement? Also, describe the present state of Kid McCoy's knuckles?

16. Give the chemical name of the following drug compound, to-wit:

Ice.

Simple syrup.

Angostura bitters.

One jigger of booze.

Ditto of Vermouth.

One cherry.

17. In nursing, is it advisable to have both of the object balls against the cushion?

18. While working and shaking down a candidate for the purpose of compelling him to cough up, do you favor a plain massage or the Swedish movement?

19. Give three reasons why the hospital should be closed on election day?

20. Which brings an eye around sooner, a raw oyster or a piece of steak? Have you ever tried painting?

21. What is the meaning of the surgical expression, "to shoot the hot air into his nob's"?

22. In dissecting a live subject, where should you begin to carve?

23. (a) Name three kinds of medicine. (b) Should water be taken afterward?

24. (a) Can a patient who has died during the preceding summer, register and vote at a spring election? (b) Explain how.

25. At post-mortem examinations who is entitled to the gold in the teeth?—*Chicago Record*.



**"KNOCK-OUT DROPS."\****May 1, 1899.***Editor "AMERICAN HOMEOPATHIST":**

This morning a man presented himself at my office with the following history: On Friday (April 28) delivered a pair of horses, for a gentleman in Norwalk, at Bates' stable, 11th Avenue near 69th Street. A man at stable asked him to a saloon, a few doors from stable, to have a glass of beer; "took but one glass, and in a few moments I felt that I was gone,—felt bewildered—dozy—sat down and dozed about three hours—as nearly as I could calculate—was then ordered away. At about three o'clock A. M. (Saturday morning) found myself in the park walking—walking fast—felt that I must walk until so tired I was obliged to lie down. Severe cramps in my stomach and bowels, severe inclination for stool—yet could have no passage from my bowels—severe headache—bulging out feeling of the eyes—ringing noises in my head—stiffness in my neck and jaws—cramping pains in the calves of legs and in muscles of the arms, hands too warm and almost powerless. In looking at one object saw many. Thought someone was calling or talking to me and on turning round found myself alone. When I stopped vomiting and a little rested felt that I must walk and found that I had been going round and round, about the same course, was very thirsty—wanted large quantities of water. Ten minutes after drinking would throw it up again. I have not been able to sleep since—still feel stiffness of neck—some twitching of muscles—scalp so sensitive that I cannot bear to touch it. My symptoms are all worse in the morning excepting thirst. Have not been able to eat anything. I asked a policeman for help. He said he could do nothing for me! (Of course.) I met a friend who loaned me money to take lodgings. Had taken my money for the night and to get home with. I had friends in this village who sent me to you for medical advice."

What is the composition of "knock-out drops"?

The man is about thirty years of age, temperate, and for a servant more than ordinarily intelligent and alert. J. C. WHITE, M. D.

PORT CHESTER, N. Y.

**Globules.**

Did you see that bad eye of McClelland? Be sure to pay up that new subscription.

Did you have your talents told by the Veiled Egyptian lady on the board walk?

The man with the teaberry  $\theta$  was a jolly old soul, and he added much jollity to the performances.

Fisher is coming out once more with a crop of beard and mustache and begins to look like his olden self.

Helmuth sent a telegram from some point in Maine with congratulations. Sickness prevented attendance.

The hotel accommodations at Atlantic City were excellent. No complaints were voiced that we could hear.

Heintz, the Pittsburg pickle man, made us a little speech and then sent us a little check for the Monument.

Sarah J. Millsop was with us several times and looked as well and buoyant as of old—not very old, please understand.

It was said, in a loud whisper, too, that a cer-prominent surgical specialist had been completely cured of his osteopathic fad.

Dudley wanted to know why Bushrod James or George Peck was not selected to speak to The Ladies (toast) at the Rudolf banquet?

A telegram was read from Dr. Wood of Cleveland announcing convalescence of his wife (who had been recently operated upon for appendicitis).

There was but one man in attendance upon the Institute who wore a "plug" hat. But only the first day. What became of it after the fishing experience we don't know.

At Philadelphia we fell into the hands of the firm of B. & T. and liked to never have gotten away from them. What they don't know of hospitality and entertainment—isn't worth learning.

Mrs. Hering, relict of Constantine Hering, was at the meetings and much sought after by the membership. Mrs. Hering is a well-preserved little lady, though she must have reached a very advanced age.

**Peck**, the Censor-man, reported the application and election of 234 members to the American Institute at Atlantic City.

**Wanted**, a toastmaster who knows something about toasts and also when to stop. Also someone else who will say when to "Drink!"

**Schulze**, **Lunger**, **Carpenter**, **Jewitt**, **Schneider**, this Editor and his son were several times together in the ocean surf enjoying the bathing.

Four hundred and twenty-five persons sat down to the Rudolf banquet Saturday night. Pretty good lot of people to close up the Institute with!

As this issue of this journal is made up in New York it will necessarily be late, and somewhat out of the ordinary. The editor is in New York and will also visit Boston.

**Garrison**, the Transportation man, said that, all-told, of members and visitors, whose railway tickets he had vie-sayed (only he didn't say it that way) there were 1211. With a good many from Canada.

In his bureau appointments President Bailey showed great care and fairness. He seems to have listened to the cry so often made of the Eastern topheaviness of former appointments. He did not ignore the East, but he remembered well the West.

**Dr. Givens'** Sanitarium for Nervous and Mental Diseases at Stamford, Conn., offers excellent advantages for patients requiring special care and treatment. Dr. B. F. Bailey, President of the American Institute of Homeopathy says, "I have known Dr. Amos J. Givens of Stamford Hall, Stamford, Conn., for ten years. I have visited his Sanitarium, and have placed patients under his care, and can recommend Dr. Givens and Stamford Hall in the highest manner."

**Diet** in Acute Gastro-Intestinal Catarrh of Infants. In some cases a cream mixture agrees better than diluted milk, or whey thickened with a small quantity of malted food or predigested gruel is retained when other forms of food are rejected. Gradually and with caution the amount of milk is increased, until at last the child is able to take the full allowance suitable to its age. Even when the convalescence is well advanced, it is advisable to restrict the infant to a milk diet, with or without Mellin's Food, and to avoid the use of unmalted foods for some time.—From "Disorders of Digestion in Infancy and Childhood" by W. Soltau Fenwick, M. D., B. S.

**A Case** of Syphilitic Ulceration of Scrotum.

Chronic Ulceration. A. C., South Norwalk, Conn.; male; American; age thirty-nine; first seen May 10, 1898. Ulcer about the size of half a dollar, situated anteriorly to the left of median line; had cut clean through the scrotum, and covered the testis. The general condition of the patient being good, he was immediately started on vigorous treatment. Internally, I ordered a tablespoonful of bovine in milk every three hours, and one-fourth grain protiodide of mercury three times a day. The edges of the ulcer were gently but thoroughly curetted; the ulcer was depurated with the bovine-peroxide and Thiersch, touched up with twenty-five per cent. pyrozone, and dressed with iodoform-bovine in gauze. The several applications were renewed twice a day until the 20th; after which, the wound having partially filled, treatment once a day was deemed sufficient. May 29th, the ulcer was completely healed, with the exception of a point about the size of a split pea. This was touched up with twenty-five per cent. pyrozone and dressed with bovine pure, twice a day. June 3, 1898, the case was discharged, the ulcer having completely healed.

**Scott's Emulsion Vindicated.** The medical profession and the trade have for the past year and a half been much interested in the fight between Messrs. Scott & Bowne, manufacturers of Scott's Emulsion, and the State Dairy and Food Commissioner of Ohio. The trouble arose from the charges made by the Ohio Food Commissioner that Scott's Emulsion contained a narcotic, which, if true, made it a misdemeanor under the laws of Ohio to offer it for sale without the regulation poison label.

Messrs. Scott & Bowne, feeling it a duty which they owed, not only to themselves, but to the profession in general, repudiated the charges in every instance, and since then the matter has been a subject for the courts to decide.

The suit brought by the Commissioner against a druggist of Cincinnati for selling Scott's Emulsion, which the Commissioner claimed contained morphine, was settled this week in the courts of Cincinnati by a verdict for the defendants, entirely vindicating them and showing the injustice of these injurious attacks upon Scott's Emulsion; the jury being out but a very few moments.

The testimony brought out at the trial was overwhelmingly in favor of the claims of the manufacturers, that Scott's Emulsion had never contained a narcotic of any kind. More than a score of the best chemists in the country certified to these facts.

We congratulate Messrs Scott & Bowne on their victory. It is the old story—"Truth crushed to earth will rise again."

# The American Homeopathist.

JULY 15, 1899.

FRANK KRAFT, M.D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



LIZZIE GRAY GUTHERZ, M. D.,  
St. Louis, Mo.

## HOMEOPATHIC REGENERATION.

ONE of the chief officials of one of our chiefest homeopathic colleges addressed this editor, while at Atlantic City recently, at some length on the present condition of homeopathy and its teaching and practice. Without endeavoring to repeat his exact language—which would require not alone a good memory, but several pages of space—we wish to emphasize such parts of his remarks as apply generally to our professional interests. You have had a good

deal to say concerning the non-teaching of homeopathy, said this official, and you have said it in such an unmistakably earnest way, though many times a little vinegar-y, that the colleges have, whether they liked your aggressive and biting style, been obliged to give heed to your criticisms and warnings. Let me tell you what our college has recently done. We called a full faculty meeting for the purpose of considering what changes or additions or emendations could or should be made, the better to avoid the stumbling-blocks you have pointed out, and to enhance our homeopathic work. After a long and spirited meeting, in which there was much confession of use of means and measures other than those strictly homeopathic, it was unanimously agreed that from that time forth each chair would continually bear in remembrance the title and purpose of our college, and while teaching even the simpler and plainly mechanical departments, to make it a constant point to show the class where the homeopathic law of cure came in and made us not only different, but *better* than all the other schools. EVERY CHAIR agreed to this, and, so far as I have been able to glean, the promise has been kept in full faith and honor. The professor of Diseases of Any Part of the Body, when he reached the therapeutics, was, and is, careful to explain the supereminent value of the homeopathic treatment and medicaments over those of the allied schools. The Heart-man, instead of referring to the use of Lloyd's tinctures, as he had been charged with doing, restricted his teaching to a better elucidation of the proven homeopathic remedies; and explained individual values of other than well-proven and accepted homeopathic remedies. This was and is true of Surgery, of Gynecology, and of all the other chairs:

in short, each teacher has adopted the homeopathic idea as *THE* idea; has dwelt upon it in every hour of his instruction, and wherever possible demonstrated its greater value; and yet did not interfere with the best and most advanced and scientific strides made in any of the departments. The dispensary, which I am ashamed to admit had been running loosely and carelessly, was overhauled; each professor or teacher took his proper part in the clinical work; and I am proud to say that we have greater success—from the records—than for a long time before. We feel relieved and as well satisfied. And we know that, within ordinary human probability, no graduate of our future classes will be unduly tempted to leave us and go elsewhere for a better and quicker and safer way to Heal the Sick.

Thus the conversation.

Does it not appear to the lover of homeopathy that this is, indeed, the proper solution of the vexing question, which has been and is still harassing the teachers and practitioners of our school? There is no need to sell or give away our birthright in order to be hand-in-glove with the allopaths or eclectics.

It has been our insistence for many weary years, through which insistence we have made many bitter enemies, to have our colleges understand and fully appreciate and teach homeopathy from every chair of a homeopathic college. But, as every recently graduated practitioner knows, it has *not* been taught in every chair; indeed, in many of the chairs no attempt has been made to conceal the contempt which some of the *homeopathic* professors in some of the *homeopathic* colleges bore to the system of Hahnemann.

The consequence was a natural one. When those chairs—two, three, or more—which had in their keeping the teaching and perpetuation of our system of medicine—attempted to teach that which possibly they were not themselves overly enthusiastic concerning, they were merely tolerated, good-naturedly or otherwise; the exams. shamefully ponied; and in time there was a resort to measures not countenanced by the disciples of Hahnemann.

There is no doubt about all this. Every wideawake practitioner, even the remote up-

country doctor, knows this is true. He knows that his students have come back to him from the modern homeopathic school with much mechanical and scientific lore, but only a flippant regard for the Law of Similars.

In the shadow of this grand meeting at Atlantic City—where many former enmities were buried, let us hope forever—where there has seemed to spring up a new feeling of interest and enthusiasm for our homeopathic work, why can we not all go back home with a determination to profit in our work and in our teaching by the lessons gleaned here at this seaside?

Why not, for one year, at any rate, agree to adopt and follow the wisdom of the official of the college hereinbefore referred to, and make the homeopathic idea, *THE* idea, around which all others may cluster and revolve? As is apparent, this does not mean that any of the advanced positions of modern medicine shall be abandoned. It means simply that we are *HOMEOPATHS*, first and last, with liberty to use all other means, but only as accessories.



#### DUDGEON AND THE MICROBE.

TO him who waits, all things come, says an old Spanish proverb. We have waited since the beginning of the bacteriological fad—but not exactly with folded hands and idle pen—for some real, alive, representative homeopath of our day to come to the front, and belabor and be-smash this ridiculous craze as it deserves. And that representative homeopath has come. He is that grim and grisly old veteran homeopath, translator, and many times author, R. E. Dudgeon, need we add: of London?

In the June 1, 1899, issue of Bro. Clarke's *Homeopathic World*, Dr. Dudgeon contributes a paper entitled "The Cult of the Microbe," which is the long-looked and long-awaited for champion of our view of the microbe-question. It is in his usual logical straight-from-the-shoulder style, and we avail ourselves of the opportunity to print the paper in full.



*Merck's Archives* offer a prize of \$500 for papers on *Materia Medica* and *Therapeutics*. So they have "seen" the *Medical Visitor* man, and "raised" him.

## **Materia Medica Miscellany.**

Conducted by J. WILFORD ALLEN, M.D., 110 West 12th Street, New York.

References in this department are made by number. See issue of January 1 or December 15 of each year.

### ***Verbascum in Catarrhs.***

Says<sup>21</sup>:

"*Verbascum thapsus* is very serviceable as a catarrhal remedy. The hard and hoarse laryngeal and bronchial cough with hoarseness and deep bass voice is soon driven away by the essence of mullein. In acute cases I give every hour two drops, but in chronic cases three times a day three drops in a spoonful of water or sugar. The chest is also rubbed with mullein oil twice a day. Pains in the face arising after catching cold find an excellent remedy in *verbascum*."

### ***Toxic Symptoms from Hydrastis Canadensis.***

Miodowski<sup>22</sup> describes the following case: A man, about sixty-five years of age, was ordered to take 20 drops of the liquid extract of *hydrastis canadensis* three times daily on account of bronchitis with copious expectoration. He had taken, as he said, two doses, the last one at bedtime. Soon afterward he experienced difficulty of breathing, which caused him to get up and walk about the room. The symptoms, however, grew worse, and when Miodowski arrived he found the patient sitting up with his body bent forward, and his hands grasping the arms of the seat. His face was livid, and his eyes wandered anxiously around the room. Respiration was quick, with powerful action of the auxiliary muscles of respiration. With inspiration râles could be heard, even from a distance, and expiration was accompanied by a whistling sound. The pulse was small, soft, easily compressible, and slow. The patient's forehead was covered with cold sweat. No dullness could be found on percussion of the lungs, but by auscultation there was (fine and medium) crepitation all over, especially on the left side, where also bronchial breathing could be heard at places. The heart sounds, owing to the pulmonary sounds, could hardly be distinguished at first, but later on became more distinct. They were pure, but slowed. The

cardiac apex-beat could not be felt. After the use of stimulants (ether, wine, coffee, mustard paper, etc.) improvement gradually took place; the respiration became slower, with less crepitation and whistling, the pulse became stronger and more regular, and the sensorium clearer, so that patient could answer questions. As no cardiac murmurs could be heard during the attack, and as the patient was otherwise a strong man, Miodowski thinks the drug caused the symptoms by inducing cardiac weakness with secondary congestion and œdema of the lungs. This explanation agrees with the results obtained by Fellner in experiments on animals.

### ***Iodine, Abuse of.***

The editor of the Philadelphia Medical Journal says that, in spite of all that has been written and said in regard to the uselessness and possible harmfulness of the indiscriminate use of the tincture of iodine, it continues to be used for all sorts and conditions of ailments and injuries.

Does not the tincture of iodine produce a local inflammatory condition? And will it not tend still further to aggravate the local inflammation which already exists in the case of the boil or the superficial abscess? Is it not rest and massage that are needed in most cases of sprain, whether it be of the ankle or the thumb? How much more rational to aid Nature to get rid of the tissue which is already damaged by infection beyond the possibility of repair, in the case of a boil or abscess, by softening the tissues by the application of an antiseptic poultice; and how much more likely to aid repair in the case of the sprain is splinting or strapping with adhesive plaster to give the parts rest. Blistering the skin with a heavy coat of tincture is often practiced in the early treatment of appendicitis, to the disgust of the surgeon who has to operate later.

### ***Chloride of Gold in Morvan's Disease.***

Halbert<sup>23</sup> gives following case:

Mr. L., a cook by trade, appeared at my clinic with a well-pronounced hypertrophy of all the fingers on both hands; in some of the fingers this had progressed until painless whitlows had formed with more or less disseminated necrosis; analgesia and anæsthesia were present

and some atrophy had appeared in the hand and arm muscles. A brachial neuritis was the apparent causative factor, and his hands were utterly useless in his business. He had been the rounds of all the clinics, and had undergone the usual strychnia treatment without any apparent results. Chloride of gold 2x was given for some time. The improvement is remarkable, and I expect a decidedly favorable result.

#### ***Cocaine, Abuse of.***

Cocaine, it seems, is being abused by ophthalmologists in treating diseases of the eye. According to<sup>28</sup> physicians forget the injurious local effects of cocaine upon the nutrition of the cornea. In cases where it has to be applied for a considerable time, as in conjunctivitis, corneal ulcers, and other forms of eye pain due to inflammation, it becomes quite hazardous. The practice is common of general practitioners prescribing a solution of cocaine for eye pains. When used thus for any considerable period of time it causes dryness of the cornea and looseness of the epithelium, thus increasing the pathological conditions of corneal ulcer. Normally, corneal circulation is small, and, therefore, to inhibit for a length of time its action is to decrease the vitality of corneal tissue. Its application deceives the physician by creating the impression that a serious condition may be trifling, because the pain is removed. The author asserts that he has known of several cases of plastic iritis prescribed for in this way, until sufficient adhesions had taken place to bind down the iris completely in its complete circumference. For removing foreign bodies or applying silver nitrate or copper sulphate its application is admirable, but its continued instillation is dangerous, and especially useless in catarrhal inflammation of the lids.

#### ***Tongue Symptoms of Some Important Remedies.***

Professor Dahlke of Berlin<sup>29</sup> gives the following :

**Apis.**—Tongue fiery red, dry, covered with vesicles ; it is protruded tremulously and catches on the teeth. The edges and tip red and vesiculous. Feels as if scalded. Swollen in diphtheria.

**Arnica.**—Tongue dry and with a brown stripe

down the middle, typhoid. Yellowish coated, dyspepsia.

**Arsenic.**—Tongue raw, red, and excoriated ; dry ; tongue with sordes and a dark-brownish coat, typhoid. Mapped tongue, acute malady.

**Baptisia.**—Tongue with a brown stripe in the center, the margins red and shining. Tongue brown, dry, typhoid.

**Belladonna.**—Tongue dry, tip and edges red, the middle white. Papillæ erect and enlarged, strawberry tongue, scarlatina. Tremulousness.

**Borax.**—Aphthæ on the tongue.

**Bryonia.**—Tongue white or yellowish-white ; in typhoid the middle especially white, the margins free. Dry and fissured tongue, typhoid.

**Chelidonium.**—Tongue yellowish coated, with imprints of the teeth, liver affection.

**China.**—Tongue heavily coated, white, yellow, dirty.

**Hydrastis.**—Tongue broad, soft, slimy ; swollen, showing imprints of the teeth ; a dirty yellowish coat. It feels as if scalded.

**Hyoscyamus.**—Tongue dry, red, and fissured bell, with a brownish coating.

**Iodium.**—Two coat stripes of mucus or foam down the tongue, pancreatic affection.

**Kali bichrom.**—Tongue thick, broad, yellowish-brown or smooth, red and shining. Edges full of painful ulcers. A sensation as if a hair were on the root of the tongue.

**Mercurius.**—Tongue moist, soft, flabby, spongy, swollen, with imprints of the teeth. Sore and ulcerated tongue. Coated a dirty yellow.

**Merc. iodat.**—Base of tongue a dirty thick yellow coating, the fore part being clean and red ; diphtheria.

**Phytolacca.**—The tip very red, sensitive ; vesicles on the edges. Pain in the root of the tongue on swallowing. The Eclectics assert that the tongue of this remedy is smooth, slick, somewhat lead-colored, and appearing as if coated with some glutinous material, especially in epidemic diseases.

**Pulsatilla.**—Tongue coated a grayish-white.

**Rhus toxicod.**—Tongue dry, as if singed, brown, with a triangular and red tip spot at the tip. Tongue of a dark-brown, fissured, and bleeding. Tongue smooth and red, scarlatina.

**Stramonium.**—Tongue red or whitish, and

covered with fine red points. Coated yellowish-brown, dry, fissured, especially in the middle, typhoid.

Sulphur.—Tongue white, with a red tip and borders, acute affection. Tongue dry, with a red tip; difficult speech, typhoid pneumonia.

Terebinthina.—Tongue dry, red, glistening, typhoid and peritonitis. Tongue smooth, as though it had been scraped of its papillæ.

Veratrum viride.—A bright, red stripe through the middle of the tongue, fever, meningitis.

#### *Acokanthera, a New Arrow Poison.*

Thomas R. Fraser and James Tillie of the University of Edinburgh<sup>38</sup> present the completed report of a new drug, used in Africa as an arrow poison. This is closely allied to other members of the same family, the Apocynaceæ, which give us strophanthus, oleander, and apocynum. The drug is derived from the wood of the root and stem of *Acokanthera Schimperii*, Benth, and Hooker, by boiling, and it contains an active glucoside which the authors propose to call *acokantherin*. In most respects its action is similar to strophanthus, in the animals thus far experimented upon. It acts primarily upon the heart, and produces, in overdoses, a paralysis of that organ with permanence of the ventricular systole. This action on the heart is principally due to its effect on the heart muscle; the contractions are prolonged, and may ultimately be rendered continuous. In frogs this action on the heart is independent of any influence exerted through the cerebro-spinal system, as it occurs after the destruction of the brain and spinal cord. Pulmonary respiration, in cold-blooded animals, continues after the paralysis of the heart. The striped muscles of the body are acted upon, and they may twitch; their tonus is exaggerated, and their functional activity is destroyed. These muscular effects are due to the direct contact of the glucoside with the muscular substance, and must be considered independent of the cardiac nervous mechanism.

#### *Ustilago Maydis In Hemorrhages.*

It is authoritatively stated<sup>39</sup> that *ustilago* holds the same relation to passive hemorrhages from the uterus that ergot does to the active forms. There is a general atonic condition of the uterus, and the flow, which is dark, continues

for a long time. At the climacteric, when the flooding lasts for weeks, the blood is dark-colored with clots, and there are hot flashes with vertigo and a gone feeling in the epigastrium.

#### *Podophyllum In Diarrhea.*

" Gives several cases of which the two following are characteristic :

Sarah B., æt. twenty-four, a domestic servant, dark-haired and well-nourished, consulted me on August 9, 1893, and complained of having suffered from diarrhea for several days. The evacuations always take place after she has taken anything to eat or drink. It is watery in character. Podoph. 3. Two pellets at once, and the same after each loose motion; otherwise every two hours.

Thursday, August 10. Not had an action of the bowels since taking the first dose of medicine.

Diarrhea—Vomiting—Prolapse of Rectum.—July 20, 1893, I was called to see John S., æt. sixty-eight. He was said to be very ill with vomiting and diarrhea. I found him sitting at the fireside looking very pale, features pinched, complaining of great thirst, abdominal pain, vomiting, and diarrhea.

Sunday, felt poorly; Monday, was very ill. Moved continually day and night. Great deal of griping pain in the bowels. Has passed thick and white clear stuff and like colored water. It strains him very much to vomit. The stools run from him like water. His daughter says they are milky in color and very offensive. Veratr. alb. 30 was given after each loose motion. That forenoon, when I called again, I found he had not been sick nor had any stool since first dose of the medicine.

Friday, 21st. Was sick and vomited in the night two or three times, the bowels acting synchronously, but there has been no sickness or diarrhea to-day so far. "If I drink anything my bowels seem all in a rumble." Complains of weakness.

Sunday, 23d. Complaining much of dreadful burning, smarting pain at the seat. On examination I found the bowel prolapsed, and gave him podoph. 3, two pellets every two hours.

Tuesday, 25th. The awful burning pain complained of was gone in half an hour. He has

now no pain in the bowels and has had no movement since taking the first dose of podophyllum.

Although I have no note to this effect, I think from my recollection of the case that the diarrhea, although abated, continued at intervals until the pellets were given.

"Severe pain in the bowels, vomiting, first of the contents of the stomach, then of bile, diarrhea, with green, watery discharges, much thirst, burning, and great prostration" are characteristic of the action of this drug. The chief seat of its action appears to be the duodenum, the lining membrane of which has been found covered with bloody mucus.

Painful prolapse of the rectum at each stool is in diarrhea a special indication for it, and the rapidity with which my patient obtained relief is confirmatory of its action here.

#### ***Chloride of Gold in Exudative Localized Meningitis.***

Halbert\* received patient at his clinic with the following symptoms :

Mrs. S., aged thirty-six, had suffered from severe paroxysmal pains in the left temporo-sphenoidal region. Her suffering became so severe and continuous that the strongest anodynes were resorted to for temporary relief. These after a while failed to ease the pain, and as a last act of desperation she was placed in the hospital. By the aid of local applications and hypodermics of morphine she was temporarily comforted, but as soon as the opiate effect passed off her paroxysms were renewed with increasing furor. Chloride of gold 2x, one tablet five times daily, was given internally and the hypodermics of morphine were gradually stopped. In a few weeks her improvement was pronounced and she went home; the remedy has been continued and she has had no return of her paroxysms.



On our table we find a reprint from *North American Journal of Homeopathy* of a paper on "Colpotomy" by Dr. H. F. Biggar of Cleveland. This paper was read to the recently adjourned annual meeting of the Hom. Med. Soc. of Ohio.

#### ***THE VALUE OF NUX VOMICA IN HEART TROUBLES.\****

By T. C. DUNCAN, M. D., Chicago.

AS an honorary member of this society of the great commonwealth of Ohio, I take pleasure in acceding to the request of the chairman of your bureau of materia medica to write and send you this paper. I have been asked to contribute not a large paper nor a long one nor a heavy one; but simply personal experiences with as few bookish symptoms as possible.

Let me see. Join with me in the study of nux vomica a moment. Take a dose of any potency. I try three drops of the tincture. Note, I make a wry face and shiver. I appeal to the physiologist to explain so much of its action. I shiver again, and as I swallow some of the saliva I feel a fullness of the chest and slight nausea later. What has taken place? The shiver contracts the external capillaries and the internal veins are dilated. The shiver down the spine shocks those nerve centers, and "man the pumps" is the order, and the heart crowds the systemic circulation as well as the pulmonary. This forced action of the ventricles we call palpitation (tachycardia). The brain is more active because of the more rapid cardiac action and the portal circulation is quickened. The muscles are better nourished all over the body, especially the involuntary. There is, therefore, increased peristalsis. That is the first rush. But the double nervous system attempts a check and finally succeeds and nausea is the result, attended by great weakness. That is the first round. The accelerators take the field, and another paroxysm of palpitation and all of its attendant phenomena are recorded with final control. Like widening circles these attacks occur. The dispersions or slowing-up times occur at twelve hours' intervals, i. e., 4 A. M. and 4 P. M., or when the system is at its lowest activity. These alternate actions may last a lunar month and tire the heart. Where is the force of the drug spent? We know opisthotonos is a toxic effect. We know also that nux has a stiff neck. By examining a "cut" from Balfour we note that the accelerators of the heart get their stimulus from the spine at the cervico-dorsal

\* Read before the Hom. Soc. of Ohio, 1899.



region. The nausea is a reversed peristalsis, showing derangement of the vagus. That explains the "stomach load" with its functional cardiac distress. It also explains the deep sighing inspiration of *ignatia*. This necessity for voluntary respiration is met in aged hearts of brain-workers. Now it is central. (An interesting illustrative case can be found in my book on "Diseases of the Heart," v. p. 104.) Now then the result of our study is to find that *nux vomica* produces (1) a rapid heart that may go through the history of hypertrophy; and (2) dilatation *pari passu* with the nerve center stimulation and exhaustion. This exhaustion also involves the general muscular system and especially the involuntary coats of the arteries, so that they rapidly age. With the view of the pathology of *nux* well in mind we are not to be guided in therapeutics or practice by its primary action, but its secondary symptoms, *i. e.*, if we are homeopaths. *Contraria* is a law of diet and not of forceful drugs with a dual action. The secondary action, of necessity, is the curative one. Hence, *nux* has proven of value when the heart is crowded with a loaded stomach and we have arrhythmia. The cardiac distress of brain-workers, tobacco, coffee, and beer users, worse at 4 A. M. or in the afternoon, are, therefore, cured by *nux*. It is a functional remedy that must be used with caution.

I will add one case in point. Dr. W. came to me one day for consultation. He was in a state of great fear; could not get his breath; only now and then could he get a deep inspiration, which seemed to relieve. The heart also intermitted every few beats. There was no valvular obstruction or incompetency. The first attack came after a long bicycle ride. He had to walk part way home, fearing to ride lest he would fall off. He would wake up suddenly in the night and must get up and take something to relieve—usually *aconite*, *gels.*, or *whisky*. He belched gas, which relieved. There was a sense of constriction and suffocation as if both circulation and respiration would stop. He thought it *asthma* and feared it would be *petit mal*. After looking him over carefully I concluded that the spinal nerves were being impinged upon by *hyperæmia*, allowing the vagus to exaggerate its inhibiting action. He was

directed to take *nux* and after a time reported himself "all right."



### THE CULT OF THE MICROBE.\*

By R. E. DUDGEON, M. D.

THE last decades of the expiring century will be memorable for the rise and spread of the strangest pathological doctrine that has ever appeared in the history of medicine, which abounds in strange pathological doctrines—I mean the doctrine that ascribes the cause of many diseases to the invasion of the body by pathogenic micro-organisms, which constitutes what is called the science of bacteriology. These micro-organisms are so minute as to require very high microscopic powers, assisted by ingenious methods of coloration for their detection. They are very various in shape, but all seem to be endowed with the power of multiplying themselves with extreme rapidity under favorable conditions. The micro-organisms to which many diseases and morbid processes are supposed to owe their origin have been indicated, described, and pictured, and it has been found possible to cultivate them in appropriate media such as agar, jelly, broth, blood serum, slices of potato, and other things. The literature of this new science is already immense. Books illustrated with beautiful colored plates have been published, and our medical periodicals teem with articles on this fascinating subject. The difficulties attending the study are so great that a special education is required to make a competent bacteriologist. Almost every hospital and every medical school has its professional bacteriologist, who devotes himself almost entirely to the investigation and cultivation of these supposed causes of various diseases. And yet with all their researches they are not yet agreed whether the tiny microbes belong to the animal or vegetable kingdom. Zoölogists and botanists seem equally unwilling to include them among the subjects of their respective branches of natural history. The general public regard them with aversion and make themselves miserable lest they should be surreptitiously attacked by these powerful but invisible enemies, many not daring

\* *Homeopathic World*, June 1, 1899.

to drink a glass of water or a cup of milk without having them boiled or sterilized in order to destroy the dreaded foe. The discovery that every person's mouth harbors some dozens of different kinds of microbes in immense numbers has led some hysterical microbephobes to denounce kissing as a dangerous pastime that should be put down by the strong hand of the law, like cock-fighting or bull-baiting; though the law still enjoins the kissing of the book which has been slavered over by hundreds of more or less dirty witnesses.

If the microbe theory has been a terror to the non-medical world, it has been to many medical practitioners a source of infinite trouble and annoyance. Believing no more in the power of microbes to cause disease than in that of mites to cause the decay of cheese, and convinced of the utter inutility of bacteriology to afford the slightest assistance in the treatment and cure of disease, they had yet to learn the jargon of the pretended science for fear of seeming deficient in the knowledge of what its numerous adherents deem the perfection of pathological science. But they felt that their remonstrances against what they believed to be a monstrous error would be powerless in face of the accepted creed of the vast majority of the profession. Unless some conspicuous and influential member of the profession should expose the folly and futility of the doctrine, it seemed hopeless to expect any impression would be made by the arguments of undistinguished medical men on the prevalent creed, supported as it was by many of the great, wise, and eminent physicians and surgeons at home and abroad.

It is therefore a great satisfaction to all who are weary of the doctrine of the microbic origin of disease to find that their views have found an able exponent in the person of one of the foremost and most successful gynecological surgeons of the day: to wit, Dr. Granville Bantock, who, at a meeting of the British Gynecological Society in March of this year, read a paper on "The Modern Doctrine of Bacteriology, or The Germ Theory of Disease," in which he attacked with singular ability and logical force this modern perversion of pathological science.

In the beginning of the eighties Dr. Bantock, after prolonged inquiries and experiments, com-

bated the immensely popular views of Lister on the prevalence of disease germs in the air and his plan for their extermination by means of his famous carbolic spray. I need hardly remind my readers that Lister's views and practice were received and adopted with enthusiasm in every part of the world; in Austria, Germany, and Russia medical men and midwives were criminally prosecuted for neglecting to use Listerian antiseptics in their practice. Lister obtained the most fulsome adulation from every quarter. He was made a baronet, and though his ridiculous proposal to get rid of imaginary disease-germs in the air by means of his carbolic-spray machine has long since been discarded by the whole profession and by its lucky inventor, its early fame still adheres to him, and the present Government, wishing to do honor to the medical profession, could think of no worthier recipient of a peerage than the discredited author of a ridiculous and useless if not injurious plan for killing imaginary disease-germs. Dr. Bantock's opposition to Lister's method and views was deeply resented by the partisans of the latter, who black-balled him twice when he was proposed by some of the most eminent representatives of the medical profession as a candidate for membership of the Medical and Chirurgical Society. He had his revenge, however, when, elected President of the Gynecological Society in 1887, he delivered a scathing criticism of Listerism which contributed greatly to the complete overthrow of that delusion. In opposition to Listerism Dr. Bantock has always been the zealous advocate of cleanliness, as the one thing needful for success, in surgical operations. When Virchow last year delivered an address at the Charing Cross Hospital, with Lord Lister in the chair, he erroneously gave the noble chairman the credit of having been the first to recommend cleanliness in all surgical operations, whereby, he said, thousands of lives had been saved, and Lord Lister, who had never done anything of the sort, coolly accepted the implied compliment as though he were fully entitled to it. Dr. Bantock's present paper abounds in facts and observations which prove that "the presence of these micro-organisms is the result and not the cause of disease—in other words, that the bacilli are found in association with the

disease because of the disease, or that the disease furnishes the conditions necessary for the presence of the special micro-organisms."

It would be wrong to assert that there is any general consensus among those who contend for the pathogenic property of the micro-organisms with regard to the precise part they play in the production of disease. Some consider them to be disease germs, each species when planted in the soil of the body bringing forth its peculiar disease, as seeds planted in the soil of the earth develop into their respective plants. Others contend that they cause disease by a sort of fermentation. Others again, like Lister in his Liverpool address, assert that "the secretions of bacteria possess poisonous qualities of astonishing intensity," and cause disease by the toxic action of their secretions. It is surely overstepping the limits of conventional pathological absurdity to credit organless microbes with the secretion of poisonous matter on which they live, in which they multiply, and with which they infect their unsuspecting hosts. But all who denominate microbes "pathogenic" thereby imply that in some way they are the generators of disease. As, however, many cases of diseases credited with these peculiar pathogenic micro-organisms are met with where the specific germ cannot be found, the advocates of the germ-theory boldly assert that the bacterium was "undoubtedly present, though the bacteriologists were unable to find it," forgetting the familiar adage, "*de non apparentibus et non existentibus eadem est ratio.*" Again, it is well known that all the mucous orifices of the body even of healthy persons swarm with pathogenic bacteria of many descriptions, some of these being of the supposed most virulent character. Why these do not constantly cause their peculiar diseases was accounted for by the presence in the body of Metchnikoff's wonderful phagocytes (the leucocytes of physiologists), which gobbled up all pathogenic organisms, and thus preserved the body from their attacks. Other observers have asserted that the phagocytes do not devour the microbes, but are devoured by the latter. Perhaps, like the inhabitants of the Scilly Islands, who are said to derive a precarious livelihood by taking in one another's washing, the phagocytes and microbes support their

feeble existence by living on one another. Metchnikoff's phagocyte doctrine, on its first appearance, immediately received the enthusiastic adherence of Lister, who is always ready to adopt every new pathological fad. Needless to say it is now almost universally discredited, like all the other fads our only peer has taken under his noble patronage, such as Pasteur's inoculations for the prevention of hydrophobia, Koch's cure for tuberculosis, Copeman's supposed discovery of the bacillus of variola, the alleged propagation of plague by rats, etc. Evidently the representative of the medical profession in the House of Lords has mistaken his profession; as he is so invariably wrong in his appreciations and prophecies, he would have made a first-rate weather prophet.

Dr. Bantock relates many facts in disproof of the disease-producing power of the microbes. The staphylococcus pyogenes aureus, as its name implies, is supposed to be the cause of suppuration. Dr. George Stoker, who has given much time to the treatment of chronic ulcers by means of oxygen gas, had an old woman under his care who had been bedridden for many years with two large ulcers, one on each instep, both precisely alike in form and extent. One of these he treated with corrosive sublimate, the other with oxygen gas. In a short time the former looked cleaner, but had an ashy gray appearance, and showed very little sign of healing; the latter presented a healthy granulating surface with a good margin already healed over. A bacteriologist found that the unhealthy ulcer was "sterile," that is, had no organisms, whereas the healing ulcer had a copious crop of the pyogenic staphylococcus. Dr. Stoker said, at the discussion following Dr. Bantock's paper, that "he had made observations on 250 cases of ulcers, and in all rapidity of healing was in proportion to the presence of staphylococci," so that this micro-organism in place of being pathogenic was proved to be necessary to the healing process. The vaginal secretion of a healthy woman was found to contain quantities of staphylococcus and streptococcus pyogenes. I have related elsewhere (*Abolitionist*, No. 1) how Dr. Menge introduced into the vagina of thirty-five women and many infants quantities of cultivations of staphylococci, streptococci, and

other virulent bacteria, without any bad effect. Doederlein accounts for the immunity enjoyed by women when pyogenic bacteria are introduced into them in this manner, by asserting that the vagina is inhabited by a bacillus which, like Metchnikoff's phagocytes, destroys all pathogenic bacteria. It is easier to believe that the bacteria are harmless necessary organisms.

Diphtheria is said to owe its origin to a special microbe called the Klebs-Loeffler bacillus. It was asserted that no case could be considered true diphtheria unless this bacillus was present, and that the bacillus could never be found except in cases of diphtheria. As a fact the bacillus generally accompanies diphtheria, but not always, and it has been found in connection with other diseases and also in healthy persons.

So also the gonococcus is regarded as the prime agent in the production of gonorrhea, and yet numerous cases of gonorrhea have been recorded without gonococci, and these microbes have been found in vaginal discharges of young children where there was no suspicion of gonorrhea.

The bacillus typhosus is held to be the cause of enteric fever, and the occurrence of epidemics of this disease is considered to be owing to the presence of this microbe in the water drunk by the victims of this fever, but in the recent outbreak of enteric fever in Maidstone, though "bacteriologists of repute were engaged in the search, none of their efforts to find it proved successful."

That the so-called comma bacillus was the cause of cholera was long believed, but Pettenkofer and his students swallowed large quantities of cultivated specimens of this microbe without any, or only insignificant, effects; in no case did anything at all resembling cholera result from their daring experiment.

As regards the tubercle bacillus, it may or may not be that tuberculosis is invariably attended by this microbe, but that it is incapable *per se* of causing the disease is proved by the negative results that followed the revolting injections of Professor Schreiber, of Koenigsburg, of tuberculin in large quantities on forty new-born infants, of which an account is given in the *Deutsche med. Wochenschrift* of November 13, 1890.

The bacillus coli was at one time regarded as

a most virulent microbe, but Professor Kanchak, at the meeting of the British Association at Liverpool, showed that this organism is a natural inhabitant of the digestive tract, and that its absence or reduction in number must be regarded as a departure from perfect health.

There is no doubt that the germ-theory of disease when first promulgated exercised a strange fascination over medical men, and the assignment of previously invisible and unsuspected organisms to various diseases as their exciting causes, coming with all the attraction of novelty, was enthusiastically received by all who longed for a revelation of the hitherto unknown disease-producing agents. There were some who remained unconvinced by the assertions and demonstrations of the authors of this novel idea which threatened to effect a complete revolution in pathology, but their influence was insignificant compared with that of many eminent men who were converted to the new doctrine. The promise of soon having the material causes of all or at least many diseases displayed in bottles on our shelves, which we might see and examine at our leisure, was certain to attract crowds of adherents to the side of the bacteriologists. Many medical men were convinced, and no inconsiderable number set about experimenting in this new field of research, intent on discovering some new pathogenic microbe to which their own name might be forever attached and so become famous. This diversion of pathological studies toward one goal—a false one as I believe—has had an evil influence on real progress in pathological science. Now that men of reflection and observation are beginning to perceive that this germ or microbe theory of the production of disease is a gigantic mistake, and that microbes, in place of being the factors in the production of disease, are only the parasites that prey on the morbid products of disease, or perhaps the useful scavengers of the dirt caused by the morbid processes, there is a good chance of a wholesome direction being once more given to pathological research. The only proper object of such research is to enable us to detect and to cure diseases more certainly and more quickly, but the germ theory or doctrine of pathogenic microbes has not been of the slightest use in the way of curing disease;

in some cases, such as Koch's unfortunate tuberculin injections and Pasteur's pretended prevention of hydrophobia, it has led to disastrous effects on the health and life of hundreds of human beings.

Even to believers in the microbial theory of diseases and its value to therapeutics, the difficulties attending the detection and differentiation of the various microbes in morbid products render the examination impossible to be undertaken by those engaged in general practice. Therefore it is usual to intrust this work to some professional bacteriologist, or to the Clinical Research Association, who will, for a consideration, send a report on specimens sent, after a few days; sometimes, it must be confessed, not more enlightening than that of Falstaff's doctor:

"Fal. What says the doctor to my water?

Page. He said, sir, the water itself was a good healthy water, but for the party that owed it, he might have more diseases than he knew of."

The clinical research method of Dr. Hornbook, as Burns describes it, is certainly simpler and perhaps equally satisfactory:

"Just — in a nail-blade and send it;

As sune's he smells't,

Baith the disease and what'll mend it

At aince he tells't."

In conclusion it may be said that certain contagious diseases are sometimes, but not always, attended by certain microbes, which cannot be considered as the causes of these diseases, but rather as their parasites; that the presence of some of them, as the *staphylococcus pyogenes aureus*, is distinctly salutary; that all the mucous orifices of the body in the healthy state harbor many different species of bacteria, even those believed to be of the most virulent character; that some of the most markedly infectious diseases, such as rabies, smallpox, and syphilis, have no specific microbe; and that the attempt to cure any disease by the destruction of its peculiar microbe has never succeeded, and can never be expected to succeed, for it is not the microbe that causes disease, but some virus the exact nature of which, like that of serpents' venom, has not yet been discovered, but the effects of which are manifest. A knowledge of the various kinds of microbe associated with different

diseases may be occasionally useful to corroborate the diagnosis deduced from other sources, but its value, owing to the frequent absence of its supposed specific microbe from the diseased part, and the presence of the same microbe in other diseases and even in the secretions of healthy persons, besides the extreme technical difficulty of demonstrating the tiny organism, which cannot as a rule be undertaken by the ordinary medical practitioner, but must be performed by a bacteriological expert, will always render this aid to diagnosis extremely uncertain, and not comparable in value to the other time-honored methods of diagnosing disease.

The study of microbes may perhaps prove interesting to naturalists when once it has been determined whether they belong to the animal or vegetable kingdom. Perhaps they belong to neither, but are common to both, like protoplasm, which they resemble by being structureless, or at least destitute of organs, but endowed with vitality and capable of unlimited multiplication in favorable conditions. But bacteriology as an adjuvant to medical science and the therapeutic art is utterly useless and misleading, and the sooner medicine dissociates itself from this barren study the better it will be for therapeutics.



### COLLEGE INFLUENCE.

LET us be a little careful, as Institute members, how we permit the college influence to govern our general policies. There was, here and there, at Atlantic City, frequent complainings that the colleges are running things with a high hand, that they do this, or order that, and the rest of the profession have nothing to say concerning it. The Institute must not forget that there are something like fifteen thousand homeopathic physicians in this good land of ours, of which we have but a handful in our Institute membership. It must also remember, or if that is not the proper word, it must be made to understand that there is a considerable of friction between the colleges and the general profession; and if the college "ring" is permitted to dominate in our councils, we may alienate a large portion of that fifteen thousand all of whom we are trying to gather under our wing.

This may be a novel idea to some of our readers. But it was one of the chief objections urged, and by a wise and very successful physician, against the Institute when we were about to put in our application: "What do you want to go into that Mutual Admiration Society for. It is nothing but a college ring. The Professors meet there once a year, make the laws, occupy all the time on the floor, are appointed to all the chairmanships and most of the sections, and run things generally. They are always full of the very latest fad that may be on the medical, surgical, or chemical horizon. They lack practicality. Better join your local societies, City and County, and get a chance to see and hear practical men relate their practical work."

And this same remark was made to us in effect, in Cleveland, not over two months ago, with this difference, that this latest objector was himself a teacher.

The Institute should be truly cosmopolitan. Prest. Bailey has happily taken care to scatter the chairmanships and appointments so that no complaint is coming on that score; the election also served to right the unbalanced political geography; the shortening and arranging in a more compact way of the sectional work will, if it is not knocked in the head, tend to curtail the expense of attendance; now if the college professors (with no unkind feeling toward any of them individually) will but govern themselves accordingly, many a good practical man, now holding aloof from membership, will come in and contribute to our knowledge that which we all need—experience.



#### WHO WILL TEACH THE TEACHERS?

I WAS thoro'ly acquainted with the use and therapeutic value of the alkaloidal granules before entering medical school, and I noticed all the way thro' school that my professors, much to my disappointment, failed to mention the subject of alkaloidal medication; and when I would ask them they would simply express their ignorance in regard to the subject. The result of their teaching to me was that when I left school I left the treatment I had been taught, and adopted alkalometry; with the result that

when used, I have failed to see fevers take on the low, lingering, continued form, which they taught me was inevitable, and would have to "run their course."

During the present season of pneumonia I have not had a case end either by "crisis" or death; and all have been discharged in eight days, or less, instead of waiting until the ninth or tenth day for the "crisis" to appear and take the patient with it.

I firmly believe in "jugulating" disease.

W. R. BLACKBURN, M. D.

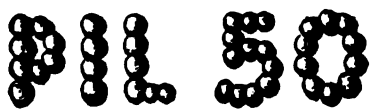
DUNLAP, MO.

Doctor, do you expect these poor men to write new lectures every year? One of them told me he had not altered a word of his for sixteen years.—ED.—*Alkaloidal Clinic*.

[It is quite evident from Brer Abbott's editorial rotation, that he, too, has had some experience with teachers who do not teach. And with all due deference to our many friends in the teaching corps, we must say that there is room for vast improvement in many a professor's portfolio. When a professor of any specialty fails to provide himself with the latest books, journals, instruments, and appliances of that specialty, he is unmistakably a back number, and ought to be retired. The making of a number of Emeritus-es of such ancient timber, in order to keep in their good graces, possibly for possible donations or more students, and in order to swell the roster of officers, is a pitiful sham, and one to which no modern college should be a willing party. We have said it before, but it will bear repeating, that it is the lazy, the do-less, the has-been teacher who harms us most. Wake up, gentlemen (and No Woman) of the faculties, overhaul that barrel of sermons; use a good sharp blue pencil; cross out one half of the old nonsense, and throw away the other half. Then prepare your written lecture (if you must have a written lecture) from materials at hand TO-DAY!]



At the annual meeting of the Board of Trustees of the Hahnemann Medical College, of Chicago, held June 8, 1899, Dr. C. H. Vilas was unanimously elected President of the College.



### ***Homeopaths Taking Allopathic Post-Graduation.***

Does it follow because one takes a post-graduate course in some allopathic school upon some specialty in which the physician is particularly interested, something which he cannot secure at the present time in the homeopathic school, that he has gone bag and baggage into the folds of the other fellow? Not necessarily.

Because we have no post-graduate colleges in the United States for practitioners of medicine who desire to take advanced work, is it any indication there never will be one or that we do not need one? Not necessarily.—*Medical Visitor*.

[Now that sounds real pretty and nice and logical, when you just read it, and don't think. But suppose, for instance, you think long enough to grasp this cold fact, namely: That there was one allopathic college which, this spring, graduated sixteen former homeopathic brethren, five of whom have been teachers in homeopathic schools. There is no post-graduate business about it. These ex-homeopaths took the regular old-school course, were graduated publicly as abjuring Homeopathy, and will now register with the State Board as Regulars, whereas formerly they were Homeopaths. Are you able to grasp that frigid fact? Not necessarily. Further, we distinctly refuse to believe that there is anything in any Allopathic College—*materia medica* and practice of course excepted—that cannot be as well if not better learned in our homeopathic schools. Besides all that, there is a Homeopathic Post-Graduate School in New York with teachers than whom we might look for a long while before we found better. You will not have to travel more than a thousand miles from your editorial headquarters to find the truth of what we have been saying—that homeopathy is very nearly the only thing that is NOT taught in some homeopathic schools. If we do use an ax, we use it on our enemies so that people know what we are doing with it. We believe that homeopathy should be taught in homeopathic colleges. And if it hurts some people because we show that some homeo-

pathic colleges do not teach Homeopathy, why, then they ought to put cotton in their ears or else stop playing at running a homeopathic college. These sixteen homeopathic doctors were not specialists seeking for a specialty knowledge in an allopathic school; they went into allopathy in order to find a better way of curing the sick: thereby clearly proving that they had never been taught Homeopathy, notwithstanding their diplomas. That's the nubbin', Mr. Visitor Man. Do you see it? Not necessarily.]

### ***One Swallow Does not Make a Spring.***

[The secret of Gladstone's long life, with a clear intellect unto the last, the *Lancet* thinks, was in a measure due to the fact that he was not only able to sleep easily, but that he was always ready to abandon even the most urgent task and to lie down and sleep then and there when he felt really fatigued. The same could be said of the late Dr. Pepper, in his being able to accomplish as a physician, author, and teacher an almost incredible amount of work with such perfect ease and with such marked ability. The mind refreshed by a few minutes' sleep awoke to action as keen and sensitive as ever. Perhaps there is no profession in which there is so much uncertainty as in ours, and there is certainly none in which there is so much worry and vexation.—*Medical Times*.

[Now all one has to do is to take thought and grow an inch or two! Statements of this kind make an average thinking person tired—tired enough almost to go to sleep at any time. Does not every student of human nature know that some people are born sleepers and others are not? That some children sleep almost continuously from the moment of birth until death? That there are people who practically never sleep? Sleep is as much an inheritance as red hair or webbed fingers. There are all kinds of sleeper, light sleepers, heavy sleepers, no-sleepers, and sound-sleepers. Gladstone was a great man: but Gladstone had sufficient means all his long life long to be able to take things easy. He did not as a youth and middle-aged man work his way through college or into a profession by sitting up night after night with cob-pipe, black coffee, and wet towel eking out the means of subsistence for the next day. He probably inherited a good sleeping capacity to

start with, and because of his comfortable surroundings was not obliged to destroy his heritage by acquiring bad habits. There is no balm in all the wide world like a good night's sleep. The elder Vanderbilt recognized this when he answered one of his little nephews who asked to know what he should buy this uncle for a Christmas gift? Replied the uncle, that all he needed was a good night's sleep and an appetite for breakfast. We envy the man who can sleep at command. But we couldn't acquire the habit, try however much we liked. We are not built that way. And there are multitudes of others.]

### *Chloroform Narcosis in the Lying-in Chamber.*

Several years since, when the question of giving chloroform in ordinary labor cases was brought into prominence through a courageous utterance on the part of the late Fordyce Barker, we took occasion to express unqualified approval of the practice. We now rejoice to find ourselves supported to the fullest extent in this position—then quite generally regarded as extreme—by the foremost authorities, both in this country and abroad. Thus, Dr. James R. Wallace, in his just published "Analysis of Eight Hundred and Fifty-three Midwifery Cases, Chiefly Operative," concludes, with regards to anæsthesia, as follows: "I do not think any case of labor ought to proceed without chloroform. It seems heartless and cruel to deny to the parturient woman the complete relief that chloroform offers to her in her suffering. I never attend a single labor without offering the patient the benefit of chloroform. I press on her the comfort and relief it gives, and, as a rule, it is accepted. Once used, it is always asked for till the trouble is over. Chloroform assuages the agony of labor, it does not lessen the contractile and expulsive power of the uterine forces, and it is always safe. I believe in a large majority of cases in which labor is being impeded by rigidity of the os, chloroform overcomes the resistance, and labor is easily concluded. By this simple and absolutely safe narcotic all the terrors of childbearing are removed, and suffering womankind is placed within reach of a blessing of the most incalculable value."

Mulheron, in the *Medical Age*, is equally emphatic: "I believe," he says, "that obstetrical anæsthesia, as distinguished from surgical narcosis, is not only free from danger, but is a positive benefit to the parturient woman."

The controversy which began when Simpson,

single-handed, fought the theologians and their allies upon this issue fifty years ago, is practically closed. Chloroform, henceforth, must be recognized as an auxiliary no less indispensable in the lying-in room than on the operating table. —*The Med. Times.*

[We quote this with approval; of course, no humane physician could do otherwise: but we rise to a question for information: viz., is not the liability to post-partum hemorrhage increased by the use of chloroform? On several obstetrical occasions we have sweat blood ourself, because of the flood which was deluging our chloroformed patient, her bed, the floor, the attendants and physician, and wished that we had never heard of chloroform.]

### *The Eclectics Have Troubles of their Own.*

As we have said before in these pages, the modern eclectic materia medica and therapeutics surpasses all others; and for and through them our school deserves a place at the right of the King. In this particular our school is not approached by any other school, let alone excelled. It makes no lavish claims of originality or superiority in obstetrics, surgery, or any other department of medicine, except in so far as our materia medica and therapeutics are concerned. When a young man enters an eclectic school, it is to be presumed that he is in quest of that in which eclectics excel—that distinguishing feature of eclecticism—eclectic therapeutics. What must be the effect upon that young man, and upon all with whom he comes in contact, if the college he enters teaches him a bastard allopathy, a hybrid, patent-proprietary, choose the best kind of eclecticism, a conglomeration of roots, herbs, patents, tablets, serums, coal-tar, Schuessler, calomel, hit-or-miss bugteriology, theoretic, scientific, don't-know-a-damn-thing-for-sure practice of medicine?—*Bloyer in Med. Gleaner.*

[There seems to be a community of interest here. We might have known, however, that the homeopaths are not singular in having a wave of lukewarmness pass over their teachers and practitioners. We have recently noted a loud complaint from a prominent allopath along this same line. Certainly from all this hammering of the teachers for their indifference and inconsistency there must presently arise a betterment that will prove the justness of the efforts made by disinterested editors in keeping the question before the profession.]



## Correspondence.

*To the Editor :*

. . . Long after the annual meeting of the American Institute of Homeopathy, when we are all overworked with the winter harvest, we get its Transactions in one bulky volume,—our enthusiasm has died out ; we have almost forgotten what we were so anxious to finish up, and have entirely lost sight of the fact that we missed some of the important sessions because of social engagements and other causes, and have lost much interest in some of the subjects. Why not divide the Transactions into four parts, to be issued quarterly, not on commercial quarters (as we then have either the extra work of fixing books, sending out bills, etc., or have to give attention to a bookkeeper, in addition to the other journals coming in at the first of the month, thus falling at the quarter)—why not make it, say December, March, June, and September? The Transactions rarely appear until December. By this proposed plan the last part would be fresh in our minds when we went to the next meeting. Or, divide the transactions into sections, so we could select what each individual felt most interested in?

These are my ideas,—to be sure, not very maturely considered ; but it does seem something should be done. I have twenty volumes of the Transactions that are but poorly read. Even the methods of the American Medical Association seem to me to be an improvement on ours.

S. W. S. DINSMORE, M. D.

SHARPSBURG, PA.

[Here is another suggestion worthy of careful consideration. It seems to be in line with the amendment now lying on the Institute table :—that the Transactions be hereafter printed in journal form.—ED.]

### ROYAL HONORS TO ROYAL.

WHEREAS, The Board of Regents of the State University of Iowa have elected Dr. George Royal Dean of the Homeopathic Department, therefore

*Resolved*, That the Des Moines Homeopathic Medical Society hereby extends to Dr. Royal its hearty congratulations on this high honor

and deserved promotion ; and at the same time congratulates the University upon the wisdom and sagacity displayed by its Regents in thus placing in the vacant Deanship one who will exalt the office more than the office exalts the man.

*Resolved*, That this Society with pleasure takes advantage of this opportunity to express to Dr. Royal its appreciation of his ability as a practitioner, his success as a teacher, his sterling qualities as a man, and his conspicuous fitness for his new duties ; and to extend to his administration the pledge of its hearty support.

*Resolved*, That having a strong and growing sense of the worth and importance of the Homeopathic Department of the University to the entire body of Homeopathic practitioners throughout the State by reason both of the alumni who augment its ranks and the various lines of influence constantly radiating from such an institution, this Society bespeaks that thoroughgoing allegiance on the part of all, which will enable it to realize the greatest usefulness, and pledges itself to advance the interests of our only Iowa school in all ways in its power.

*Resolved*, That a copy of these resolutions be placed in the hands of Dr. Royal, the Faculty of the Homeopathic Department, the Regents, President, and Deans of the University, and the medical press.



### Globules.

Dr. E. Stillman Bailey has been elected Dean of Hahnemann Medical College of Chicago to succeed Dr. C. H. Vilas.

*Scribner's Magazine* for current month is filled with its customary grist of excellent things. "The Chronicles of Minerva Ann" continue to be interesting, while the pictures by A. B. Frost are as graphic as always. "Foreign Mail Service" is another good paper. And so is "Havana since the Occupation."

Dr. E. A. Bradbury of Norway, Me., has had a new son born to him whom he has named after Samuel Hahnemann. It took a good deal of enthusiasm to say naught of courage—in this homeopathy-waning age—to christen his boy

with the name of the immortal master. Congratulations, Doctor, on the boy, and on the name.

**For Sale.**—One of the finest locations in Connecticut for Sanitarium. Fine view of Sound; high ground; excellent springs; fine groves. Seventy acres. Barns and dwellings. One minute from station N. Y., N. H. & H. R. R. Address Arthur F. Kerr, Box 27, Springdale, Conn.

**Mellin's Food** still occupies its elegant quarters in Atlantic Avenue, Boston, where we visited and renewed our acquaintance with Mr. Hazeltine, who is as young and enthusiastic as ever.

We are wearing a shriner's pin which does not belong to us. It was picked up at Atlantic City by a friend of ours during the Institute sessions, and by him given to us. If any brother doctor and noble has lost his shrine pin, let him put himself in communication with us.

The singing of the doxology at the conclusion of the Institute banquet at the Hotel Rudolf, Atlantic City, on the Saturday night following the adjournment, was seriously objected to by brethren from Chicago, being regarded by them as blasphemous. Well, well, did you ever?

**Dr. J. G. Malcolm** of Hutchinson, Kans., has a reply in current *Medical Arena* to our recently paper presented to the Missouri Institute. If the doctor will carefully read our paper again, he will discover that we believe *exactly* as he does, and I so state in the paper. Further, there being nothing at issue as between us, if he will carefully note the journalistic reports of cases treated, he will discover that a great many of the cures are based on what are termed "Key-note" symptoms—the one peculiar, characteristic symptom of the case.

The "Century" appears as a "Story-Teller's Number" containing a number of excellently told stories. Notable among these are "A Day in Wheat"; the continued Life of Alexander; the relations of Franklin with the Fair Sex; "Bret Harte in California"; and several others. We had the pleasure, while in New York recently, to visit the rooms of the Century Co. and were courteously received and shown through the various departments. *St. Nicholas* was also at home. Here we met Miss Kirkwood,

the author, and General Secretary of the Order of the Needle and Thread, and passed a very pleasant half hour in her company.

**Mrs. Dr. J. C. Wood**, Cleveland, we are pleased to announce, is now rapidly and happily convalescent from the recent dangerous operation undergone by her at the hands of Dr. W. T. Miller. Appendicitis.

**Dr. H. F. Biggar** has returned from his trip to the Klondike with Mr. Rockefeller. He regretted very much his absolute inability to have been present at Atlantic City. But it was a case of duty, and the profession expects every man to do his duty.

We have but just returned from a visit to Boston, Lexington, and Concord, which was an extension of our holiday begun at Atlantic City. Our time was so much taken up in sight-seeing in and about these cities, and the heat so great, that we did not visit any professional brethren. We did have a pleasant interview with Mr. Boynton, the manager of the Otis Clapp & Son homeopathic pharmacy in Boston, who informed us that his firm will soon have extensive additions made to their working space. The place was never a moment during our visit without several purchasers of homeopathic medicaments.

The Fourth Annual Announcement of the College of Homeopathic Medicine and Surgery (being the Homeopathic Medical Department of the Kansas City University) lies before us. Among the faculty we now recognize a number of our personal friends, viz.: Dr. Chas. Sinclair Elliott, Dr. Moses T. Runnels, Dr. C. F. Menninger, Dr. W. H. Jenney, Dr. W. A. Forster, Dr. H. F. Fisher, and others. There is nothing in the pages of this Announcement to cause any doubt in the reliability of the school and the honesty and good faith of the faculty. Dr. Menninger is a good materia medica man, a hard student, and a graceful and pleasing speaker. We have been personally acquainted with Drs. Runnels and Forster for years.

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#### The American Homeopathist.

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A. L. CHATTERTON & CO., Publishers.

# The American Homeopathist.

AUGUST 1, 1899.

FRANK KRAFT, M.D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



C. E. GROVE, M. D.,  
Spokane, Wash.

## ISRAEL TISDALE TALBOT.

**A** GAIN the angel of Immortality has been busy with our profession. Another of the homeopathic giants has been laid by the heels in Life's joust. Israel Tisdale Talbot is no more. His labors are ended and his works do follow him. He has entered upon that rest which to him must be exceeding sweet, remembering that his trials, in a physical way, began a few years ago. He has not been Talbot for quite a while. He strove manfully against the

inevitable. He resigned his active labors—as much as such a man could lay off the activities of a long life; he went abroad to elude the inexorable huntsman; and in time returned, feeling better but far from well. He accepted place in the Massachusetts Homeopathic Hospital and was so engaged when the last summons came. We will never forget the wave of pity that went over us and our companions as we shook hands and spoke to this once great man at the Dennis at Atlantic City on the night of the New York College celebration. Talbot was not there. Only a shadow of his former self trod the boards. It was pitiable to see the ruin of this once great man being led about and watched and tenderly cared for by his loving wife. Better, therefore, that it is as it is. Better sudden death than living along after one's usefulness is at an ebb. Better to go while yet it is day; while the sun shines; while the heavens are unclouded; with the intellect clear and the powers of the body presumably intact. But he had touched the hem of the scriptural three-score-and-ten and every day in that long period was one of activity; no idleness; but loving labor for the upbuilding of the homeopathic school. His end, happily for himself and his beloved ones, was practically painless.

We are proud to have known this man. He was an efficient aid to us in many a troubled struggle. Many have been the letters that passed between us. And only within the past month he greeted us with one of his characteristically frank epistles. In that regard he was very much like that other of the Little Fathers of our Institute—the late lamented Dake. There were few months of the year in which Dr. Dake did not communicate with us on personal and professional matters. These com-

munications had that delightful tendency of drawing us nearer together, and of enlisting and combining our efforts in a more determined way in any cause which might be before the profession as a whole, or the Institute.

And so it will come to each of us. Note, oh, men and brethren! how the sturdy oaks are falling in the forest of ancient craft Homeopathy. One after the other the Past Masters in our great art are falling out of the ranks to be seen no more of men. Think of that long list of worthies, whose names will always be household words in the homeopathic family, who have gone to their long sleep, in the last twenty years. One generation of men has come since our admission into the Mysteries of Medicine, and yet how many great names have disappeared in that time! Lilienthal, Dake, Ludlam, Hale, Mitchell, Talbot! And thus dying around us every day. Which of the strong men at Atlantic City who gloried in their strength and health will fail to answer when the next Institute rollcall is sounded? Ah, brethren! this business of ours, bringing us often in contact with that which the world dreads most—Death—makes us callous and careless, until in a moment the dread angel appears in our own family, or strikes down some friend and professional brother. Then we give pause for a brief moment. And then resume again the mad race with Death until he trips us up on the blade of his scythe.

We must not leave the gaps made in our fighting front to stand open. True, they can never be filled as they were once filled by our fallen heroes. But others must put their hands to the helm and help to bring the good ship of Homeopathy safely into the harbor. Are we doing that? Are we growing a second growth of homeopathic timber that may in the fullness of time equal the giant oaks of the forest; those that have gone down before the fury of the storm of Death? Are we graduating and training future Ludlams and Mitchells and Talbots and Dakes? Are we earnest and honest as were these men to build up the stately edifice of Homeopathy? And when we too appear before the Master, shall we receive his "well done"? Must there always be hardship and privation and struggle almost to the death in order to make heroes? Cannot the periods of pros-

perity give us men as grand and stanch as these who have but latterly laid off mortality to put on immortality. Must it ever be that success destroys a profession, or a tenet, or a belief, as surely as it destroys a people? Peace hath her victories. But are they comparable to those growing out of the struggles which each man puts forth for his own existence and success? These earlier men became homeopaths because of heartfelt conviction. For its success they hazarded all that man counts worth having. But we, of the modern times, having no longer to struggle; for whom all ways have been opened by these forefathers of ours—how are we employing our inheritance? Are we as sure of our position as were the elders? Are we not giving way and permitting ourselves to stray from the honest and loyal path hewn for us through the wilderness of therapeutic difficulties? Look to it, brethren, that we sully not the heritage left us by Talbot and Ludlam and Dake, and the yet earlier and older of the Fathers in the Homeopathic Church. Let us again turn our faces Homeopathy-ward, with a firm and steadfast resolve that we will honor our dead by living the life they taught us to live. Let us see to it that our students are well-grounded in our LAW, so that we may have other Ludlams and Talbots and Dakes to lead us and direct us and our children.

Talbot's name will continue a blazing star in the galaxy of Homeopathy forever. He was known on both sides of the ocean, and wherever known, he was respected, and by those who knew him well he was dearly beloved. His advice was sought and heeded. He was one of the acknowledged leaders in the Institute. Many of the standing committees of that body were of his fathering. And his absence from the Institute councils has been sadly felt and deplored. He was careful and painstaking in his counsel. He was a ready speaker, was Talbot, an earnest champion for the right, and zealous, at times to the point of intolerance, for the weal and welfare of the great American Institute of Homeopathy.

Farewell, Talbot! It was yours to see your assembled brethren once more—and in the place where you yourself presided with such signal success a few years before. It was yours to feel again the warm hands of your brethren as they gathered about you at Atlantic City, before, a few days later, the cold hand of Eternity was laid upon your tired heart. Farewell, dear brother and friend!

## **Materia Medica Miscellany.**

Conducted by J. WILFORD ALLEN, M.D., 110 West 12th Street, New York.

References in this department are made by number. See issue of January 1 or December 15 of each year.

### ***Chininum Sulphuricum : Proving of.***

Baily of Binghamton \*\* says:

During my term as house physician in St. Joseph's Hospital, at Paterson, N. J., I had a case (which I did not know at the time, as I was then an allopath) that was a most perfect picture of chininum sulph. proving.

The case made quite an impression on my mind, and I think was one of the causes which made me adopt homeopathy. The history is as follows:

Mr. B., admitted to hospital in the afternoon; saw case shortly after and found, among other symptoms, very obstinate constipation, had had no movement in four or five days; no indication of inflammation in bowels, or anything to contra-indicate an active cathartic, so in making my report card I ordered a heaping tablespoonful of Epsom salts, to be given about 10 P. M. About 11 P. M. my slumbers were disturbed by one of the sisters, who was acting as night-nurse, who said the patient I had ordered the salts for was either having a fit or going raving crazy, and for me to come immediately. When I arrived I found the man nearly in convulsions, gave an emetic, and produced vomiting, as I thought probably he had an overdose of something. After this he felt some better, but complained of such a feeling in his head, so dizzy, and as though there was a saw-mill in his head; could hear bells ringing, and various other sounds; he also thought it must be Fourth of July from the number of fireworks he could see around him; a very severe pain, of a darting, shooting character, through his head and eyes; pupils were dilated, and could hardly see, except the sparks and flashes before the eyes. This continued nearly all night, next day the eye and ear symptoms were some better, but he said the top of his head felt as if it were lifting off; he was very deaf; light hurt his eyes; marked mydriasis, and a dull, apathetic condition; slow, irregular breathing, with some pain in chest; heart-action

slow and somewhat irregular; some sensitiveness over upper dorsal region; cold chills, followed by heat and sweating; felt very thirsty, but could not drink much on account of nausea. These symptoms gradually became better, and after a number of days he felt so much improved he left the hospital, but not without expressing his opinion of the institution, the nurses, and the doctor, most of which would not look well in print. The explanation of the affair was this:

In the medicine-room of the ward the Epsom salts, quinine, and several other drugs of that kind, that were used frequently, were in large tin cans, and of about the same size. In some way the quinine and salts cans were changed. The nurse, who had been accustomed to dispensing these, evidently did not look at the label, supposing them to be in the usual place, with the above result.

### ***Permanganate of Potassium for Fissures of the Nipple.***

Dombrowski \*\* advises to paint the nipple three or four times daily with a solution of permanganate of potassium, two per cent. to five per cent. The fissures will disappear under this treatment in less than a week. This remedy causes considerable smarting at first, but this soon disappears. Nursing is not interfered with, but the breasts should be washed before each feeding with warm sterilized water and a compress covered with a permeable cloth should be used.

### ***Bichromate of Potassium.***

An editorial in the New York Medical Times says:

Bichromate of potassium has long been a favorite remedy in the new school in inflammation of the mucous membrane, with tendency to plastic exudation and pseudo-membrane, where excessive mucous secretion is rapidly turned into fibrinous exudate and false membrane. The discharges, either from the throat, stomach, or bowels, are of a ropy, stringy character, and sometimes purulent. The inflammation often produces ulceration of the mucous surface, which penetrates into the membrane. It is only recently that the old school has utilized this most potent remedy in a class of troubles for

which it has been found specially adapted. We notice in a recent issue of the Scottish Medical and Surgical Reporter, Professor Fraser of Edinburgh reports a case where a chronic gastric ulcer of twenty years' standing had been cured by bichromate of potassium. The patient for a year had been bedridden, the stomach so irritable that all nutrition had to be *per anum*. Of course there was great anæmia and enervation, quick, weak, and irregular pulse, with dry, coated tongue. The abdomen was tense and distended, the stomach sensitive, the bowels flatulent and constipated, with dry, hard stools. On May 1 the sixteenth of a grain of the bichromate was administered. The vomiting, which had before been a most distressing symptom, ceased after the first dose of the bichromate, and all the symptoms rapidly improved until, on the 8th of June, the entire group of gastric symptoms had disappeared, when a preparation of carbonate of iron with a solution of red marrow was substituted for the potassium salt. When seen on the 12th of February the patient had gained in weight three stone, and was in excellent bodily health. Professor Fraser says that in many other cases of chronic gastritis with persisting vomiting, which had defied every other medication, the use of the bichromate was attended with the happiest results. It is needless to say the remedy found so beneficent by Professor Fraser would have naturally been suggested to the mind of one familiar with the proving of drugs on the healthy human organism, the well-defined symptoms of the disease being an accurate counterpart of the pathological condition produced by the drug, and therefore pointing to it in reduced strength as the indicated remedy. We may differ as regards the correct name to give to this principle or law, or precisely how the result is produced, but the steps leading up to it are matters of scientific investigation and their general adoption pretty conclusive proof that, while theory may point the way, the truth is only established by the strong, clear logic of science.

#### ***Plantago Major in Prosopalgia.***

Bonino.<sup>9</sup> A series of cases lately observed go to prove that plantago is useful in prosopalgia supraciliaris, whether on the right or the left

side, whenever this assumes a periodical, quotidian character, beginning in the morning between 6 and 8 o'clock and completing its decrease by 2 P. M., accompanied with photophobia, lachrymation, and violent pains, radiating toward the temples and the lower part of the face. The action of the remedy is strikingly sudden, and there is no relapse, if it is continued for twenty-four hours from the beginning of the attack.

#### ***Ichthyol in Pruritus.***

Fisher of Delevan, N. Y.,<sup>10</sup> says :

A short time ago Mr. C. came into my office complaining of a rash which had appeared on several parts of his body, particularly on the hands, arms, chest, and back. The pruritus was intense, so much so that he was unable to sleep at night. I made the diagnosis of poisoning by rhus toxicodendron, and prescribed the usual treatment without relief. Finally I made a lotion of one dram of ichthyol in four fluid ounces of water, and directed that this be thoroughly applied to the affected parts upon retiring at night. The patient was at once relieved of the pruritus, and after three or four days the rash had entirely disappeared. I report this case because I have never before heard this drug recommended for this affection.

#### ***Digitoxin.***

An editorial<sup>11</sup> claims that the physician has, in digitoxin, if not a perfect substitute for digitalis, a remedy of great value, tolerably free from the untoward effects of the crude drug, convenient of administration, and one that may be used with great advantage when the liquid preparations of digitalis are not well borne. Digitoxin may be administered by the mouth, by the rectum, or hypodermically. The dose by the mouth is from  $\frac{1}{16}$  to  $\frac{1}{8}$  grain, thrice daily ; by the rectum, to  $\frac{1}{16}$  to  $\frac{1}{8}$  grain.

#### ***Formalin In the Removal of Malignant Growths.***

According to Mitchell<sup>12</sup> formalin may be successfully used in the treatment and removal of inoperable malignant growths. In a patient with sarcoma of the chest, the tumor four inches in diameter and the size of a man's fist, with, in one place, the sarcomatous tissue giving rise to

constant and severe hemorrhage, which the usual styptic methods failed to stop for more than a few hours, a solution of caoutchouc was applied to protect the surrounding skin; then a small pad of absorbent cotton-wool, soaked with a solution of formalin containing 20 per cent. formic aldehyde, was applied to the raw surface, covered with gutta-percha tissue, and held in place with a bandage. Not only was the hemorrhage entirely stopped, but in twenty-four hours there was produced a hardening and necrosis of the tissues, extending nearly a quarter of an inch from the surface, which made it seem possible to remove the whole growth by first coagulating the tissues with formalin and then cutting away some of the latter to prevent a recurrence of hemorrhage. With a scalpel and sharp spoon, as much of the necrosed part was removed as was thought best, and then the cavity was filled with cotton-wool saturated with the formalin solution as before. Daily repeating this, in a very short time it was possible to tunnel right into the center of the tumor and eventually remove it completely, notwithstanding that it was highly vascular. During the process there was practically not a drop of blood lost. There was occasionally considerable œdema of the lower lids and lips, and, on one occasion, of the cellular tissues of the neck, which caused suspension of the treatment for a few days lest it should cause œdema glottidis. There was, however, never any sign of any such condition. When the application of the formalin was suspended for a few days a line of demarcation formed with exactly the appearances seen in dry senile gangrene of the extremities.

### ***Berberis Vulgaris.***

Stuart Close, M. D., of Brooklyn<sup>a</sup> gives following interesting clinical case:

Married woman, aged thirty-six years. Normal twin confinement in July last. Has borne three children in two years. Since getting up from last confinement has been able to walk or stand only with great suffering on account of a severe pain, shooting, burning, and tingling like an electric shock, starting from balls of feet and extending through feet to ankles, and sometimes to knees; worse on left side. She feels no pain when walking barefoot or with stockings only,

but even a loose shoe causes such pain that she cannot walk more than a block.

Hemorrhoids just before and during menses, when they feel full as if bursting, and sometimes bleed a little.

The patient came just at the close of my office hour, when I was in a hurry to get out, and I violated Hahnemannian principles by asking a leading question and making a "snap-shot" prescription. I did not examine the feet, but asked her if the balls of the feet were calloused. She replied affirmatively, and I gave her antimon. crud. 200, telling her to call in a week. A week later she returned and reported "no change." On this occasion I examined her feet and found that there was no callous, and that objectively the feet were in good condition. Standing on her bare feet, with the weight of the body borne mostly on the heels, she felt no pain, but deep pressure on the ball of the foot over the digital branches of the plantar nerves caused the cutting, burning, tingling pains. I also learned that she had a laming, sore pain, with stiffness, in the sacral region, which made turning over in bed difficult, and was worse when she had been much on her feet. On rising in morning sensation in soles as if stepping on needles.

Eruption of suppurating pimples on chin before menses.

After study of the case I prescribed berberis vulg. 200, in water, four doses daily, for one week. Eight days later she returned and reported that she was free from pain that day for the first time, although the pain had been steadily decreasing since she began taking the medicine. The same remedy was continued one week longer. She has remained perfectly well since, and walks as well as she ever did.

### ***Carbolic-Acid Poisoning.***

Case cited by Harnsberger<sup>22</sup>:

A boy, aged sixteen years, swallowed 1.5 ounce of carbolic acid. When seen at the end of thirty minutes he was in a limp and comatose state, the pulse being imperceptible. A pint of cream was at once poured into the stomach. Dry heat and friction were applied to the legs and arms. In two or three hours consciousness returned. The administration of cream and unskimmed milk was continued at short intervals

for several hours. The patient entirely recovered in two days. It has been found that an adult can take four grams of pure carbolic acid mixed with cream and glycerin, or with alcohol, without any toxic symptoms developing.



### RECONSTRUCTIVES.\*

By WILL SCOTT MULLINS, M. D.

**A**S a rule, I am not one who believes in constantly reaching out after new drugs, nor in running after strange gods. On the whole, however, I believe as a duty to our patients and the future welfare of homeopathy, we must weed out much accumulated trash from many of the old and well-tried remedies, so that the psychological and physical characteristics, or the spiritual ego or personality of each drug, may stand out in rich and fragrant bloom of curative virtues, in order that one's mind's eye may readily grasp the drug's simillimum. Those of us who deal largely in the treatment of the "old chronics" feel our need of some remedy to build up the system in a natural and physiological way; a drug that will do this and yet not interfere with the dynamically selected remedy; and one not having the reactionary ills of stimulants; for these ultimately do vastly more harm than good. Saw-palmetto stands to-day as one such drug; it stands as one of the best tissue-builders known to the medical profession. It occupies a unique position in the *materia medica*. In its crude form it is a tonic and reconstructive of priceless value, being especially indicated in run-down and worn-out constitutions of men and women; in men it has associated in its symptoms some lesion of the sexual system, such as an enlarged prostate, weakness of the seminal ducts or irritation of the testicles; in women there is ovarian, fallopian or uterine irritation, congestion or inflammation, with inertia or non-development of one or both ovaries or the mammary glands.

It is not of saw-palmetto, however, that I desire to speak; but of a drug which brings the vitality from within out; a reconstructive which has been under investigation in my hands for the last fifteen months. While an old drug as to date

of discovery, yet, as a medicine, it has only been in use for the last few years. The drug to which I invite your attention to-day is known as phosphoglycerate of lime, and will prove a fit running mate with saw-palmetto.

The phosphoglycerate of lime was discovered by Pelouze in 1846, but did not find its way into therapeutics until April, 1894, when Dr. Albert Robin called the attention of the profession to this drug, in a communication made by him to the French Academy of Medicine. It is well known that the phosphate of lime, which is absolutely necessary to animal existence, is eliminated in the urine. So long as the quantity excreted does not exceed that normally contained in the food the health remains good; but if, on the contrary, there is an excessive excretion of phosphates the organism is impoverished and a group of symptoms indicative of a departure from health promptly attracts attention. The analysis of these products of dis-assimilation shows that the phosphates which have undergone absorption have become incorporated with the organism and have become converted into phosphoglycerates of lime. This change is explained by the presence throughout the organism of lecithine, of which phosphoglycerate of lime is the principal constituent, as was demonstrated by Goblet in 1846. It is well known that lecithine is the most important constituent of the yolk of the egg; also of the brain matter (reports from the French Academy of Medicine). Dr. Robin showed clearly that the phosphoglycerate of lime is valuable owing to its action upon the nervous system. It provides the organism with phosphorus in a form as nearly identical as possible with that occurring naturally in the organism. Its action by way of the stomach at once increases the proportions of the solids in the urine, at the same time giving a powerful stimulus to the functions of nutrition; this being the consequence of its selective action on the nervous system. Patients have come to me suffering from defective vital reaction after acute diseases, in which china, phosphorus, and phosphoric acid failed of doing any good; while others have been afflicted with general debility, hysteria, chorea, impotence, brain fag, and neurasthenia; such well-known remedies as kali phos., phosphorus, phosphoric acid, ambra,

\* Read before the State Homeopathic Society, Kentucky, May 24, 1899.



zincum, china, helonias, ignatia, asafetida, moschus, and valerianate of zinc were given. While a few improved and a few got well, yet the greater number were not improved, but, in the end, became victims of the delusion and snare of sedatives and narcotics.

These cases needed something to stir up, as it were, the inward vitality of the patient; something more reliable than sulphur or psorinum high. Phosphoglycerate of lime seems to be a nerve stimulant without one particle of depressing reaction. It is an analogue of saw-palmetto, china, and kali phos. It does not take the place of any of the trio named, but will do what none of the others will do; it is a constructive that "constructs." As the "proof of the pudding is in the eating," so the value of any drug is the results obtained in its clinical application.

CASE I.—Mrs. B., blonde, aged twenty-seven, mother of one child, three years old; weight, in good health, 126 pounds. Weight when she consulted me, 109 pounds. Nine months ago had an abortion performed at the third month, slow recovery; since which time has not had a well day. Is very nervous, cross, and irritable; sleep never good; least noise awakens with a start; appetite variable, bowels very costive, much backache, feels tired all of the time; her legs go to sleep often, numbness and tingling in the left arm, frequent palpitation of the heart, especially from exertion. Never free from pain in one or both ovaries, but more constant and severe in the left; copious flow of leucorrhœa, yellow and acid; much bearing down in the uterine region, cold feet and hands, face pale, covered with yellow spots, yellow bridge across the nose as if painted with the pollen of the sun flower.

Examination showed a chronic endometritis, prolapsus, and retroversion. Treatment adjusted the womb, then applied tampons of glycerine and hydrastis. This was repeated every third day. Gave internally three doses of sepia 6x, three times per day, every night at bedtime one dose of alumina 6x, for her bowels. The uterine treatment with the proper adjuncts was continued; also the indicated remedy as the symptoms called for it. This line of medication covered a period of five months, at the end of which time she was free from any uterine

symptoms, the appetite was good, bowels regular, sleep very much better, but there remained the frequent nervous spells, great mental depression, the frequent tingling in the left arm, and the too frequent tired feeling. These symptoms received natrum muriaticum, kali phos., digitaline, and cactina. The benefit received was only what she got from the suggestion at the time that the remedy would help. I now prescribed phosphoglycerate of lime, two grains after meals. Was better after fourth day. Remedy continued one month with result of full restoration to health, with a gain of seven pounds.

CASE II.—Miss J. Aged twenty-three. Had been under the treatment of an old-school specialist in our city for nine months prior to her first visit to my office. A blonde, weight 116 pounds; weight in health 124 pounds. Had severe attack of grip one year ago. Had not seen a well day since. Face pale and bloodless; always feels tired and worn out; very cross and nervous; sleep restless and full of horrid nightmare-like dreams; picking at and itching of the nose; frequent dull pain in occiput; cold hands and feet; appetite sluggish; bowels regular but scanty; urine loaded with a brick-dust-like sediment. Menstruation regular, but too little in the quantity; limbs go to sleep easily. Received calc. phos. 6x., cina 6x, indigo 30th and spigelia. The only benefit was less itching and less desire to rub and pick the nose. Prescribed phosphoglycerate of lime, four grains after meals in half-glass of unfermented grape-juice. Dismissed as cured in four weeks, with a gain of nine pounds. To-day this woman weighs 130 pounds.

CASE III.—Mr. K., pastor of one of our city churches. A noted hard student and an all-together hard worker. Complained of great mental and physical fatigue, although the appetite for dinner and supper was good and the bowels regular. Very despondent, sleep poor. Every few days had a drawing pain in right groin extending down to the right testicle, which was tender to the touch; scrotum very much relaxed. Had taken tonics—that is, so-called tonics gotten by a Chicago firm; also natrum muriaticum, nux vomica, china, phosphoric acid, and the iron contained in one quart of Hensel's tonic.

Prescribed saw-palmetto, ten drops to fourth of a glass of water before meals; also a bandage for scrotum. In two weeks the pain in groin and right testicle had left him, but little, if any, mitigation of the other symptoms. Prescribed phosphoglycerate of lime, four grains after meals in unfermented wine. A rest of three weeks, plenty of outdoor exercise, and a Turkish bath twice per week. Dismissed cured in one month.

CASE IV.—Dr. A., homeopathic physician, wrote me in January last. He said, "Am very much worried and troubled as to my condition. Do not laugh at me when I say I am a well man, except (there is the rub) while I am in good general health, the secretions and excretions O. K., the trouble is somewhere in the prostate gland or somewhere else connected with the organ of man's greatest pleasure or his greatest curse. It is now a curse for me. Am married, age forty, father of two bright girls and one boy. At times have suffered much with muscular rheumatism, also have two external piles. Have always, since my honeymoon, been very regular in all of my habits; intercourse twice per week. My passion seems about par, and though I can complete the act, there is but slight satisfaction. For God's sake help me if you can. I write you on the account of the splendid papers you have written on saw-palmetto. One time I took considerable iodide of potash for my muscular rheumatism, since which time there has been a gradual diminution of sexual ardor until now I am in the depths of a living hell. Might as well be castrated. Have taken every known remedy in our materia medica that has any bearing upon my trouble; also took three bottles of sammetto, two of celerina, testicle semen, and the good Lord, I am ashamed to say, only knows what." Wrote him a very sympathetic letter. Told him I felt certain that the iodide of potash was the cause of his trouble; however, I thought there was hope. Prescribed saw-palmetto 15 drops in water before meals, lycopodium 200th, one dose at night. In one month he wrote: "I have taken the remedies regularly. Imagine myself stronger, but otherwise am in the same condition." Prescribed phosphoglycerate of lime, six grains after meals in unfermented grape juice, heavy animal diet,

and Turkish baths; a decided improvement in one month; continued the phosphoglycerate of lime, four grains after meals. In six weeks, among other things his letter said, "God bless you, you struck the nail in the right spot."

The prostate gland plays an important part in the real enjoyment of intercourse. Outside of mechanical injury to the testicles, or the bad effects of gonorrhea or the burning in syphilis, where the prostate gland is involved the best remedy, as a rule, is saw-palmetto, although there are cases in which conium, clematis, and pulsatilla have done good work. There is, however, a part of the prostate gland known as the veru montanum, which contains nerve endings that contribute vastly to the proper enjoyment of intercourse. Hence I am of the opinion that phosphoglycerate of lime has a decided affinity for that portion of the prostate gland known as the veru montanum, also for the plexus of nerves that exist in the spine and preside over the secretion of semen.

This drug is an infant; before it there lies a great future. I present it to you, gentlemen of this convention, with the single ray of light that has come to me from its clinical application,—the results obtained,—but with the hope that each one here present will take it to your hearts and minds, clothe it with thinking and practical intelligence, and I believe that under such light and knowledge it will grow into mature manhood, performing deeds of good as the adopted child of homeopathy, never, however, forgetting to render honor to whom honor is due, namely to Pelouze, for its discovery, while to Dr. Robin, an old-school physician, our thanks for its first clinical application. Verily, thrice verily, the old school discovers many new drugs, but it remains for the homeopath to study, to classify, to prove, until he finds and places them in their proper places in the materia medica and in the therapeutics of cure.

Louisville, Ky., May 16, 1899.



Will that added Hahnemann Monument Fund Committee be able to help us put that monument up in Washington next year? What are they doing? And how do they like it as far as they have gone?

### HOW SHALL WE BEST ELEVATE THE MEDICAL PROFESSION?\*

By H. B. GARRIGUES, M. D., Massillon, O.

I FIND, in a pamphlet kindly sent me by Dr. Biggar, the question asked: "How shall the Standard of Medical Colleges be elevated, and thereby give greater protection, and more thorough education to the members of the profession?" Many plans and methods have been suggested as to the best means of improving the profession. One of which is the establishing of homeopathy as a portion of the State University of Ohio:

Another writer urges, "that medical men who are qualified and can afford it should enter public life and should aid the passage of laws to suppress the sale of patent medicines, limit drug-store doctors, keep out quacks, secure rigid enforcement of midwifery laws and other measures for the public good."

The pamphlet also contains a synopsis of the Ontario Medical Law, designed for the organization of a medical board, to be empowered by law to settle all things medical. The board to be chosen from the members of the different schools on a basis of representation by registration.

The suggestions following all tend in the direction of bringing physicians together on a common platform, with equal privileges and advantages; so that candidates for government and political positions, pension board and insurance examiners, would all be placed on an equal footing, irrespective of the different systems of practice; and, finally, the writer seems inclined to think that we as physicians would progress more surely through *legislative channels* than by other means.

My remarks will be along these lines, with the central idea that if we can uncover and remedy some of our own weaknesses, we will not only benefit ourselves, and become stronger, but also benefit the world at large.

If we study the progress, growth, and development of any branch of science—especially medicine—we find that its origin is wrapped in the ancient history of the race. We also find that medical growth and development have been

accomplished by a gradual process of evolution until, at the present time, the dominant lines of medical thought are to be found more nearly reconciled, each with the other, than ever before.

It has been a long journey and a rough one, to many; but thanks to the sturdy pioneers, and the solid foundation laid by them, the grand column which, in its entirety, represents *Medicine*, has gradually grown, deriving its several parts from the different systems, until we may now soon hope to see the finished structure, useful, beautiful, a blessing to mankind, and marking the coming together of the different roads, paths, or pathies.

I believe that the move being made by the State Homeopathic Medical Society, to open the doors of the Ohio State University to our school, should receive the hearty support of this society.

That the close commingling of the elements going to make up the several leading schools of medicine, within the walls of a great university, will surely lead to a better and more general knowledge of the virtues of each—to the great advantage of each individual physician—is, I think, true.

I am of the opinion that a more general and extensive knowledge of materia medica and therapeutics should be taught, in *all* their parts and phases, to *all* medical students, and that a knowledge of the opinions and methods of medical men not of our school should be sought after, learned, and used, so long as we cannot truthfully say we have conquered disease in *all* its varied and myriad forms.

The grinding of the therapeutic mill has developed new ideas and modified many old ones. The result has been that the very friction and grinding has stimulated and produced a steady progress in matters medical. The possibility, now, of being able to get the thinkers along one medical line to examine and study the virtues of others is, I think, favorable to our general advancement.

The University, with its representative men in control, is in my opinion the ideal place of the future for obtaining a medical education. The standing of every physician in the State and country will in this way be raised

\* Read before the Hom. Med. Soc. of Easton, O.

Now, let us examine what, in my opinion, will constitute some of the obstacles to be surmounted in the accomplishment of any marked modification of medical affairs. Chief among these will be found, I think, the great difficulty in obtaining concerted action of the members of our own school. I venture to say that, if we were organized for the purpose, and stood shoulder to shoulder, either here in Ohio, or in the United States—the influence of a powerful body like this would command and obtain modifications of existing laws and conditions.

In summing up the very interesting questions of "Bettering our laws, ourselves, and our colleges," it would be well to understand that neither our laws, ourselves, nor our colleges, can stand still. We must go forward or backward. One way, I think, to insure advancement is to encourage more liberal ideas as to the boundary lines that encircle what is now accepted by many of our foremost medical men as constituting a complete Medical Education.

In the line of individual advancement, both from an educational and a business standpoint, I have learned that our organized societies are powerful factors for good; but they are not what they might be.

Positions in State or government employ, or in any other line, seldom come except after the very hardest work. Our societies should help the individual, so that this helping of members could be made one of the most valuable features of society work.

President McKinley would be greatly influenced, in making appointments, if requested by Congressmen from our several Districts, backed up by the organized homeopathic profession of the United States, their friends, and their influence.

I think it would farther our interests in this direction to so modify and widen our teaching of materia medica and therapeutics that homeopathic aspirants for appointment to public places would meet on an equality with applicants educated in other than homeopathic colleges. When it comes to civil service examinations, homeopathic physicians will be improved by liberty of thought and action—in our professional relations with physicians of other schools.

The position of a large number of homeopaths is clearly defined by the following extracts from resolutions adopted in 1878 by the Homeopathic Medical Society of the County and State of New York:

"The law of similars, as a rule of practice, is applicable only to a certain class of diseases. . . Although firmly believing this law to constitute the best general guide in the selection of remedies—this belief does not debar us from recognizing, and making use of, the results of *any experience*; and we shall exercise and defend the right of every educated physician to make practical use of any established principle in medical science, or of any therapeutical facts founded on experiments, and verified by experience, so far as in his individual judgment they shall tend to promote the welfare of those under his professional care."

If the standard of medical colleges and of ourselves is to be elevated and we are to be improved, why not encourage perfect freedom to the physician, in his selection of medicines, professional associates, and friends? Would not the contact with different ideas, emanating from minds educated for the same purpose, although along other lines, broaden and improve each of us?

Why, let me ask you, do we avoid this contact with a large body of medical gentlemen greater in numbers than ourselves?

If we did not have so much in common to think about (they and ourselves), the estrangement would seem to me more reasonable.

This separation into parts of what should be one, in the interest of all, will hold back and impede medical progress. I favor taking up this matter, and not stopping until a reasonable effort has been made to so adjust it that medical men, of whatever school, can meet and work together in the interest of education and for the benefit of humanity.

In conclusion I would favor the formation of an *Association of Medical Colleges* of the United States—consisting of *all* reputable colleges, regardless of sect or creed, with the motto: "To be a good physician is the noblest aim of medical men."

All colleges—members of this association—to be given perfect freedom in the line of honest

medical endeavor, and to grant that same liberty of thought which each desires ; and all meeting on the common platform : To advance medical interests, help humanity, and make broader, better, and more perfect physicians.



### THE INSTITUTE AFTERMATH.

SINCE returning from Atlantic City, where we had the pleasure of participating in several unpolitical moves of the great American Institewt of Homeopathy, we have had time to sift the advice given us there, as well as before and since, on the proper conduct of this journal in order to retrieve ourself and ultimately secure the love and esteem of the Institewt. Our friends, who seem to be as numerous as were those of Job when he was most grievously afflicted with a marvelously prophetic hindsight, have clearly pointed out to us how it all happened. But principally how to conduct this journal in future in order to avoid these former and most recent breakers. The following are a few of the topics which we must *not* criticise, or if we touch upon them at all, to always do so with a gentle touch :

1. The American Institewt of Homeopathy.
2. Any of its Officers and Committees.
3. The Seniors. Also the Juniors.
4. The One Woman.
5. The Hahnemann Monument Fund.
6. The Homeopathic Pharmacopeiæ.
7. The Preacher element in the Commencement.
8. Graduations in church buildings.
9. The Manuscript-reading professor.
10. The Cyclopædia of Drug Pathogenesy.
11. The British Homeopathic Society.
12. The New York State Medical Examination Law.
13. The Homeopathic Colleges.
14. Especially the Cleveland school.
15. The Homeopathic doctors of Cleveland.
16. The State University of Ohio.
17. The Gynecologists.
18. Especially of Cleveland.
19. The Faculty elections and dismissals.
20. Homeopathic secessions. And a few others more or less which have escaped us at this moment.

With these few exceptions we are free to criticise anything else that comes along, so long as it isn't personal and doesn't hurt anybody's feelings. It reminds us of a story told by Mark Twain. While editing a paper in a far Western town it was proposed that a serial be written and printed in the Weekly which was to have a new author for each issue, but such new author to use only the characters and facts and plot of all his predecessor collaborators. When it came to the man just before Mark to write his part he went ill, and a tramp printer, working at one of the "cases," was put upon the "take." He promptly gathered all the characters together into a picnic excursion upon a Hudson River boat and blew up the boat, remarking that there was nothing left save the devil, whom the next writer would attend to.

It looks very much that way to us. It is either the devil or the weather. We know it hurts to tell some things in a terse and readable way. Hudibras somewhere says a rogue ne'er felt the halter draw, but had a poor opinion of the law. Our editorials, to which our friends objected so much, have been read—which cannot be said of a good many editorials written and printed in some of our contemporaries ; they have been carefully excerpted and expurgated and red-inked and foot-noted until they were made to say what the parties exploiting them wanted them to say ; then they were sent and carried by trusty trustees through the country during the last Institewt campaign, in proof of our inefficiency as recording secretary. Not only were our editorials accorded this peculiar honor, but even a paid-for reading-notice given the Antikamnia Chemical Company some years ago, and by that company put on a greenback, was also paraded by these same friendly and unpolitical doctors and their friends as further evidence that another man should inhabit our bishoprick.

It amuses us to reflect how much fuss was made about so little a matter. The play was not worth the candle. Our decision as to re-nomination for office was reached a good many months ago. Think of all the many button-holements, and beseechments employed for the securement of our cinch and sinecure office ! If the active unpolitical agents had but appealed

to us for knowledge instead of going the longest way round, they might have saved themselves a good deal of trouble and many postage stamps.

But to return to our Aftermath. The AMERICAN HOMEOPATHIST's readers and publishers seem satisfied with the past policy of this editor; and until the "kick" comes from the box-office we expect to use our independence, and write as we find things to write about. No innocent man or measure has ever been hurt by our ax. Let the guilty stand from under. The AMERICAN HOMEOPATHIST is not the organ of any college, society, hospital, maternity, dispensary, or pharmacy. It recognizes no master except just simply the plain everyday homeopathic physician and surgeon.

### THE INTERNATIONAL CONGRESS.

IT is not too early to call attention to the proposed International Homeopathic Congress which meets next year in Paris. We have advices to show that our French brethren are making every effort to have an interesting and instructive meeting. The fact that 1900 is also the Paris Exposition year will make the trip for Americans the more attractive. Some fears having been expressed by some of our friends to whom we have spoken that, being Exposition time, rooms and board will be difficult to secure, or if secured will be at exorbitant prices, Dr. Cartier, the French secretary of the congress in Paris, has assured us that no fear need be entertained on this score; that there will be an abundance of rooms, equally plenty to eat and drink. To make sure, however, that all these matters will be attended to we would suggest that those who desire to go to this Congress unite with our private party and thus be assured of good company, a stated price—known before leaving home—which will include all travel—steamer, railway, and hotel—expense. Our party is limited to seventy-five persons, chiefly of doctors, their wives, and intimate acquaintances and patients or ex-patients. We will have a local guide in each city to show us over the place, to talk for us, to arrange for our luggage and carriage, and, in a word, relieve us of all those anxieties incident to an independent individual trip abroad at any time, but more es-

pecially during Exposition time. The International Homeopathic Congress will begin July 18, and be in session three days. The present intention of our club is to be absent from 40 to 60 days, and have a good visit in London and another good one in Paris. Other cities and points of interest will be visited *en route*, either going or returning, the *exact* route not yet being determined upon. The price per person will be from \$250 to \$300 and will include all travel expense from port of departure until return to same port. Write early to this Editor in order that proper place may be secured in the steamers and hotels.

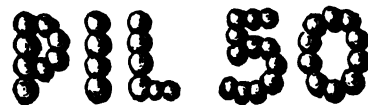
### THE TALBOT RESOLUTIONS.

WE, the members of the Consulting Board of the Westboro Insane Hospital, shocked and profoundly saddened by the sudden loss of our honored chairman, Dr. I. Tisdale Talbot, desire to express our grief and our sense of personal bereavement in the sundering of the close ties which have so long united us as men, as physicians, and as workers upon this Board; as well as our keen realization of the loss to this institution of his wise counsels, his ever active interest, and his ripened experience.

We desire, also, to tender to her who labored with him for the welfare of this hospital, as in many other fields of usefulness, and to the other members of his family, our sincere and heart-felt sympathy.

HOWARD P. BELLOWES,  
CHARLES L. NICHOLS,  
JOHN PRENTICE RAND.

*For the Board.*



### *The Homeopathy of Other Days.*

Against this put the plain Homeopathy as it came down to us from early days—not the Homeopathy that gives bigger doses and more mixed than even the allopaths. The old Homeopathy would first consider if there were anything in the way of a physically removable

cause ; if there were not, the patient would then be studied, not as a case of this, that, or the other disease, but as a human being suffering a deviation from the normal ; no symptoms, mental or physical, would be too little to be ignored. When all had been collected, the whole was a picture to the skilled homeopath prescribing for the "totality of the symptoms," or the disease. With this clearly in mind the *materia medica* was brought into play and a drug, bearing the greatest similarity in its pathogenesis to that of the patient's "totality," was selected, administered in potentized form and, almost invariably, a return to the normal soon followed. There was no need of considering how much of the drug the patient could bear without serious injury, or of continuing it for days, weeks, and months ; the "indicated remedy," the one homeopathic to the individual, was the one thing needed, and it cured quickly, safely, and pleasantly.

The physician who can select it is a practitioner of scientific medicine, and only he is.—*Homeopathic Envoy*.

That reads like some of the old-fashioned lessons we got at our preceptor's knee—the good old Homeopathy of our Fathers. Would we had more of it to-day ! Would that more of us could get back occasionally to our early teachings and remember how enthusiastic we were for Homeopathy ! How we went forth ready to do battle with Disease and Death ! But, alas, we are become Scientific and Tolerant. Our highest aim now is to be at one with our traditional enemy. To be able to meet him in consultation and outdo him in liberality and unhomeopathic measures.

### *The Defection Of the Sixteen.*

Sixteen homeopathic doctors publicly adopted allopathy at the recent commencement of the Cleveland P. & S. College. Bah ! The fuss made about it wearied the cineritious substance and relaxeth the cerebral fibers. What does it amount to ? It amounts to this, that some homeopathic college graduated sixteen asses under the impression that they were men.—*Medical Advance*.

And there you have it. We are charitably inclined this morning. We are ready to believe that that rigid homeopath, Dr. H. C. Allen, was not at home when this little gem found its way into the copy box. For no true homeopath can

view without dismay so large and concerted a defection from homeopathy's ranks. There was a character named Podsnap who had this comfortable way of disposing of all disagreeable questions—by waving them behind him with his hand. But that kind of treatment is not indicated in this case. Let this optimistic party take his head out of the sands of the desert long enough to read what another editor has to say about this same incident :

A disposition to treat as a matter of trifling importance the defection, simultaneous and evidently carefully considered, of a dozen or more reputable members of the homeopathic school, as recently occurred at Cleveland, O., is either a manifestation of startling shortsightedness or a cold, deliberate "bluff."

Men do not easily cut loose from associations once deliberately formed, and every year adds to the strength and tenacity of personal and professional ties ; they may stew and fret and make threats, and wish themselves outside of surroundings which have come to hedge them in closely and to hold them firmly, but they prefer almost any sacrifice to a severing of the very ties which they find galling. When such associations rest upon scientific or professional belief, and a belief which has been held at considerable expense of opportunities which deserve to have placed upon them a high value, a man's pride in his past, in its sincerity and intellectual integrity, plays an important part, and a stubborn unwillingness to acknowledge himself to have always been wholly in the wrong, renders it exceedingly painful to contemplate a change of base. Thus it is that the thousand-and-one acts of injustice done homeopathic practitioners have in one sense been a source of strength to the school ; they have knit firmer the bonds which hold homeopaths together, rendering the individual practitioner doubly unwilling to forsake his friends and to unite himself with those who took pleasure in persecuting, ignoring, and injuring him and his close associates. Surely, great pressure must have been brought to bear upon these sixteen men, whose professional standing and integrity appear to be beyond suspicion, to make them forsake the professional home of their young manhood, to have them cast off the memory of personal friendships formed, to turn their back upon much that they had deemed precious and worthy one's highest devotion, and humbly present themselves, as willing recruits, in the camp of the enemy.—*Pac. Coast Jour. of Hom.*

We have little to add to this fair arraignment

by Brer Arndt, and for the reason that our repeated warnings growing out of this culminating incident have been heeded. It would surprise the party with the cineritious substance and the alleged cerebral reflexes to know how much correspondence has been had with this editor in the past three months touching the subject of non-teaching of homeopathy in alleged homeopathic colleges. And it pleases us to know that changes are now in progress that will redeem the colleges; that will once more make them homeopathic; and place them at the top of the college profession. One word more in closing this matter. The *Medical Visitor* had the temerity to assume that these sixteen were nondescript and indifferent doctors, "poor shotes" generally, not in affiliation with the various societies and the American Institute. One of the agents of the pharmacy which has something to say financially concerning the *Visitor*, when latterly in Cleveland, was quickly disabused on all these points, and given a lesson he will not soon forget. The assumption on the part of that journal that this secession was merely claptrap, that it amounted to nothing, that it was a bit of rhetorical heroics on the part of the hysterical Kraft, was wholly gratuitous. There was something back of this defection with which Kraft had nothing whatever to do. Not emulating the Otis act, he dared point out the plague-spot, and so earned for himself the imperishable enmity of a number of people who still carry the homeopathic profession in their hip-pockets. But the truth hath made us free. The colleges have gone to work in earnest on their new curricula. There was trouble here: and any fair-minded man, be he doctor or pharmaceutical agent, could find that out very quickly. No homeopath has the least occasion to go to the old school for a finishing touch in gynecology or surgery. We have the equals in those departments of any school in the country. If present signs are at all prophetic, it is safe to say that, with the changes now being made in the several homeopathic schools, there will not soon be another slump of ex-homeopaths into the old-school camp. If there is, it is safe to assume that something besides non-teaching of homeopathy carries them over.

## Globules.

**What** has become of the Ladies' Hahnemann Monument Fund? It doesn't seem to us that we heard any report from the Auxiliary Club. What has it done? Where has it appeared to?

**We** ask as a personal favor that those doctors of the American Institute to whom reports have been sent for correction will please attend to the same at once, in order that the transactions may go to press at the earliest possible moment.

**We** learn that Dr. Oscar LeSeure of the Homeopathic Department of Ann Arbor has resigned as surgeon to that school. We are not informed of the cause for such resignation, but believe it is in some way connected with his military appointment.

**The** students of the homeopathic department at Ann Arbor have published an annual, modeled after the one prepared by the Cleveland Homeopathic College students. It gives pictures of several of the professors and little sketchy papers by various persons. The Annual comes christened as "Phials." Someone ought to beg of Copeland to destroy that last photograph he had taken and from which all later pictures are being taken in daily press and other places.

**We** are not going to write any more "reading notices" for the Antikamnia Chemical Co. which our non-political enemies may cut out and scatter broadcast over this beautiful land in derogation of our efficiency as an Institute officer; but we will say this, that Antikamnia is still in the market, is still spelled with a capital A, is still as popular as ever, and that the Antikamnia Company holds itself ready to send a specimen of its product to anyone making request. (Chicago homeopathic journals please copy.)

**Dr. Richard Hughes** notifies us that in referring to some reprints received from him, we spoke of one as "The Place of Homeopathy in Drug-Provings." The word "Provings" should have been "Therapeutics." Dr. Hughes' writings are always welcome in this office, whether in book or lecture form, or in private letters.



May he live long and prosper ! So say we all of us. We hope to see him next July at Paris and introduce him to our club of Americans, all of whom will have heard of his fame and be honored to know him.

**The** thirteenth annual class for instruction in orificial surgery will assemble in Chicago at 9 A. M., September 4, 1899, and will continue to meet daily during the week as usual. For particulars of this clinical course, address E. H. Pratt, M. D., 100 State Street, Chicago.

**For Sale.**—One of the finest locations in Connecticut for Sanitarium. Fine view of Sound ; high ground ; excellent springs ; fine groves. Seventy acres. Barns and dwellings. One minute from station N. Y., N. H. & H. R. R. Address Arthur F. Kerr, Box 27, Springdale, Conn.

**We** learn with much regret that Dr. Helmuth was unable to attend the Atlantic City meeting because of poor health. He was at that time somewhere on the coast of Maine, Bar Harbor, we believe, but he did not forget to send the usual telegram.

**If** we had been just a plain, everyday doctor, says the *Medical Century*, we would have been permitted to hold Institute office indefinitely. But as we are an editor, using an uncomfortable quantity of vinegar and vitriol, we had to go down before the displeasure of those concerning whom we had written. This isn't just as Fisher wrote it,—he said it much more kindly,—but it amounts to the same thing. But the *Medical Century* man forgets two things. First : that if we had always been nothing but a plain, everyday doctor, with no more voice or opinion than the ordinary college professor ; if we had always sided with the majority who make and mar the fortune of bodies as old and as honorable as the American Institute, we would never have been heard of beyond the frog-pond-inclosed country fastnesses where we got our first lessons in practical medicine ; we would still be wearing our ginger beard, wolverine boots, and black kid gloves when leading the village choir in church and Sunday school, and "chawing" "dog-leg" tobacco, and never have been "called" to the city pulpit. Second : if the eminent editor of the *Century* had not displayed similar

aggressiveness and independence when embowered in his San Antone practice he would never have been welcomed with such wide-open arms to Chicago. Let us speak well of the horse that carried us safe out of the up-country, and—out of Texas.

**The American Monthly Review of Reviews** contains truthful its usual excellent contribution to the news of the past month in literature, in art, in war, and in politics.

**Scribner's** July number has some excellently told stories—as they always have. The Foreign Mail Service is well written and illustrated. So also is the Havana article.

**On** Sunday, June 4, our friend Dr. William J. Hawkes, formerly of Chicago, now of Los Angeles, was married to Miss Jane Gray of the latter place. We extend congratulations and a wish for a long and happy life.

**Dr. C. E. Fisher**, who spent some time in Cuba, has returned looking better than he has for a long time preceding his going away. We are informed that he wrote a number of letters to a Chicago paper descriptive of his trip. Why didn't he put these where the profession could have seen them ?

**Talking** about grammar—to which the *Medical Century* makes some reference—we have just put down a journal containing advice by a medical professor and medical editor in which occurs this gem : "No student under him ever left one subject for another until he had went over it again and again," etc.

**Dunham College** has also issued a journal descriptive of itself and its people. Just what some of those full-page engravings have to do with the college or its people, we fail to understand. Probably used as "fillers." In our estimation it would have been better to have used portraits of the professors. Dunham's prospects, we were told at Atlantic City, are very bright ; while those of another Chicago school were glimmering.

**The** Springfield (Ohio) *Daily Morning Sun* for July 8 presents a report of the City Hospital in which Dr. Harry Miller, chief surgeon, is quoted at length for the excellent work done by him and under his direction. The report was

the subject of much complimentary comment upon the part of all members of the board present, it being stated at the meeting that it would be hard indeed to find a better record for any similar institution. In the treatment of 108 cases but two deaths were recorded.

One of the Philadelphia dailies in its report of the Institute sessions spoke of the Bureau of Necrology—and it wasn't Hahnemann Monument Smith's committee either. Until the typewriter—the machine—came to the medical reporter's rescue, it was considered almost impossible to have the word "clinical" appear in a newspaper report: it usually appeared as "chemical."

Still on the question of English as She is Wrote, we find the new word Pelology from Greek roots and things to mean Diseases of the Pelvic Orifices. It will require a good deal of explanation, and a fine ear not to hear Pedology when Pelology is spoken. Why wouldn't Belyology have filled the long-felt want? It is distinctive, expressive, and easily understood by all. Then, there is that word "Securement," which has been working overtime in the Atlantic City reports. Glass Houses: Stones: Don't!

The *Detroit Tribune* of July 15 gives notice of the establishing of a new homeopathic college in Detroit. A reading of the article discloses the fact that the new college is but a rehabilitation of the old Detroit Homeopathic College, which was abandoned in 1875 when its faculty and class went into the Ann Arbor University. The new president is Dr. C. C. Miller, with Dr. Stephen H. Knight as secretary and Dr. D. A. MacLachlan as treasurer. The faculty has not yet been selected. The college building will be in the neighborhood of Grace Hospital. It is too early to speak with any definiteness of this new school. The faculty list when published will give a better idea of its worth.

We would like to suggest to some of the Institute members who contribute papers in typewriting that in about 75 per cent. of such instances they neglect to add their names. It may be a sense of modesty; but we think it a matter of omission. Put your name and title under the title of your paper. (But don't add

that you are Professor of Thusandsuch College; First Physician to the Bungtown Hospital for Ex-Homeopathic Teachers; Visiting Surgeon to the Helpless Fracturaria; Author of My Book on Piles: How to Get Them, etc.)

Lippincott's for July comes to us with a new cover page which is attractive and a pleasant change from its most recent design. *The Fox Woman*, which is the complete story, is an oddly written serial dealing with Japanese life and an American missionary. *The Teller* is a posthumous story by the author of David Harum. Other of the shorter stories are of the usual order of excellence of this always favorite magazine.

The Columbus Pharmacal Co. (Ohio) is selling and putting on the market an enameled steel operating table that seems to be simplicity itself. While it is a table occupying but little room in the doctor's office, it is capable of being made into a chair with every possible gynecological position. Being without woodwork or leather, it is easily kept clean and aseptic. We have had a good deal to do with modern tables and chairs, and have not concluded to swear fast and true by any chair. But this one comes as near being perfect as any we have ever seen or used.

The Universal Gear Case Co. of Indianapolis will put your wheel in such excellent shape that you will no longer hanker after a chainless. To a doctor riding in all weathers, in mud and slush, sand and snow, the old chain wheel was a decided trial, because the chain very soon becomes clogged with mud or snow or dust. It was a necessary part of the day's exercise to clean and oil that chain. With the Frost Gear Case all this annoyance is avoided. No dust or mud or rain can get into the hermetically sealed chain-box. Hence riding is as easy when the tired doctor turns his face homeward as it was when he started from home with a freshly cleaned and oiled wheel.

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#### The American Homeopathist.

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A. L. CHATTFERTON & CO., Publishers.

# The American Homeopathist.

AUGUST 15, 1899.

FRANK KRAFT, M.D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



W. H. BAUER M. D.,  
Sylvia, Kan.

## A HOMEOPATHIC PHYSICIAN.

THE American Institute of Homeopathy, following the lead of the Homeopathic Medical Society of New York, has adopted Dr. Porter's definition of a homeopathic physician: "I define a homeopathic physician as one who adds to his knowledge of medicine a special knowledge of homeopathic therapeutics. All that pertains to the great field of medical learning is his by tradition, by inheritance, by right."

A correspondent wants to know if that isn't a rather wholesale way of telling things? whether it is really true that any physician of any school may become a homeopathic physician by simply adding to his allopathy *et al.*, "a special knowledge of homeopathic therapeutics"?

The question opens a wide field for discussion—possibly an interminable one. Our own school, and several others with which we are familiar, as well as some of the most eminent men in our profession, hold that a homeopathic physician is he who was taught homeopathy at his "mother's" knee; who was taught by precept and example that homeopathy is *the* thing; and that if occasion *should* arise when a resort to allopathy was necessary, it might be done, but to be sure not to call it homeopathy. This is a different definition from that given by our learned brother and brother journalist. Under his definition, everything in all the world is lawful for the homeopath: he may use morphine, calomel, antitoxine, bugteriology, and the whole litter of known, and yet to be discovered "specifics" of the still dominant school; and if they fail of cure then he may apply his special knowledge of homeopathic therapeutics. Under this definition homeopathy seems to be an annex of the other school.

The correspondent further suggests that in his view a better rendering of Porter's axiom would be the following:

"I define a homeopathic physician as one who adds to his special knowledge of homeopathic therapeutics all that pertains to the great field of medical learning when necessary, the same being his by tradition, by inheritance, by right."



## ALTERNATION.

IN our last issue we copied from the *Hahnemannian Monthly* an article by Dr. Dudgeon entitled "Hahnemann and the Alternation of Medicines." In this article, which contains a good deal of information not generally known, Dr. Dudgeon, with his usual force and clearness,

puts the *historical* aspect of the question in such a light that little more need be said about it. The only thing that remains to be settled is the wisdom or otherwise of the practice itself.

And, after all, that is the only thing that need give us any concern. We have no sympathy with idolatry of any kind, be the idol man or book. Hahnemann is great because the principles he established and fought for are true: some people are apt to think that homeopathy is true because Hahnemann preached it and wrote of it in the *Organon*. Therefore, though it is interesting from an historical point of view to know whether Hahnemann ever practiced or sanctioned the alternation of remedies, it is to us vastly more important to know how far it is possible to follow the practice with benefit to our patients and advantage to our own development in therapeutic power.

Once again we must utter a warning against being led astray by a word. There is alternation and alternation. It is one thing for a master to alternate remedies when he knows accurately their powers and how they are related the one to the other; and it is quite another thing for a humdrum homeopath to alternate two or three remedies because he does not know just what any one of them is capable of doing. The practitioner who is content with this kind of practice, who *habitually alternates* on the strength of a smattering of knowledge, picked up from elementary text-books, and who scorns to consult a repertory or a materia medica, has set the limits to his own progress and will never know a single drug as he ought to know it, or understand the therapeutic power that homeopathy contains for those who are ready to dig its treasures out.

Alternation in the latter sense is altogether different from the occasional interpolation of a dose of *carbo veg.* when a course of *lycopodium* is being given, because *carbo* intensifies the curative power of *lyc.*; or the interpolation of a dose of sulphur when an indicated remedy appears to be losing its effect, and when sulphur has a relation to the case. The question of the relations between remedies is a most important one and as yet but slightly worked out. There is here a large field open for the investigation of able and ardent homeopaths, but the routine

alternationists will never make any discoveries in it. It is only those who know each remedy in its individuality that can find out in what way it is related to other individualities of the *materia medica*.

Nowadays we like to have all our drudgery done for us, more especially the drudgery of brain-work. Unfortunately there is, as yet, no department at "Blankley's," or "The Stores" devoted to "the taking of the case," or "the finding of the simillimum." The only thing that remains therefore for us homeopaths is, to do the work ourselves. And if we follow as accurately as we can the spirit of the directions given in Hahnemann's *Organon* (which we can do without idolatry, or any surrender of our individual intelligence), we shall possibly find the work make a demand on our brains, but we shall have the satisfaction of curing a good percentage of our patients, and of making real progress in our art.—*Homeopathic World*, August 1, 1899.

[Dr. Clarke, the talented editor, puts the shot home in good style. We are glad he has done so. The new Pharmacological Society of the American Institute of Homeopathy has in mind the discussion of this question at an early day—possibly at Cleveland. There is no denying the fact that alternation of remedies is very extensive among homeopaths of to-day, especially in the Middle, Southern, and Middle West States. But it is not always true that a homeopath alternates his remedies because he is seen to give two more bottles, or several kinds of powders. There may be method in his madness. We have ourselves been laid under this ban. The question, however, which must be met sooner or later is: Why do homeopaths alternate? Where is it taught? Why has it taken such deep root among us? Is the totality of symptoms a falsehood? Can the body show more than one kind of symptoms at one time, for which one remedy seems to be indicated?—ED.]



Bill Nye, may his genial soul rest in peace! says that a hot-water bag to his feet felt like a hairless Mexican dog. The Widow Cullom in "David Harum" after drinking her first glass of champagne, said it tasted like cider and smelling horse-radish at the same time.

## Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M.D., 110 West 12th Street, New York.

References in this department are made by number. See issue of January 1 or December 15 of each year.

### *Phos. Acid and Colocynth in Infantile Diarrhea.*

Phelps " gives two cases as follows :

CASE I.—Baby F., aged eight months ; history good ; rather pale, found him having small yellow fetid stools, about every one and one-half hour, rumbling of flatus, cutting colic, worse after eating, tongue coated, thirst, sleeplessness, perspiration at night, temperature 101.4 ; pain before and during stools, relief afterward, very sensitive. Gave nux vomica, followed by a decided improvement. Was called the third day, baby was worse. Repertoried the case in the interval, and with the additional symptom of "meal-like sediment in fæces," I gave phos. acid with a complete cure and no return up to the present time—that was six months ago.

CASE II.—Baby H. History, very good. Found him crying and screaming continually, legs drawn up, eyes glassy, staring, fretful, restless, rumbling of flatus, nausea and vomiting, followed by short period of stupor. Stool about eight times a day, greenish watery, mixed with mucus ; no appetite, tongue clear, photophobia marked, pain in temples and ears, pulse 208, temperature 104°. The case seemed so urgent that I stayed for several hours with him, and administered the remedy myself. Gave colocynthis 30 whenever he had an attack of pain. Went into a peaceful slumber within two minutes after the first dose, and I found that each time I gave it, the crying would cease almost immediately. Colocynthis was followed in a few days with mercurius vivus 30, which completed the cure.

### *Onosmodium In Migraine.*

Halbert " says :

One of the most unsatisfactory diseases to treat is migraine ; it responds so tardily to any indicated remedy that the natural tendency on the part of every physician is to palliate such conditions with temporizing drugs. The fact that this disease is due to some constitutional neurosis makes the cure doubly difficult unless

we can remove the irritating cause. The following case may be a good illustration :

CASE.—Mr. R., aged thirty-six, a lawyer by profession, consulted me for headache of long standing. His vocation had been an exacting one, for he had reached a point of considerable prominence, and in every way was an over-worked man. His temperament was nervous, and his inheritance pointed strongly to a neuro-pathic constitution. He complained of these periodic attacks of headache for many years and had consulted all kinds of specialists and resorted to every conceivable method of relief, which heretofore had failed to cure.

The headaches were paroxysmal and occurred regularly twice a week. The pain started in the left supra-orbital region, spreading back in the line of the fifth nerve, and finally terminating in the occiput ; the pain was tense, throbbing and blinding in character, and was followed by utter collapse for twenty-four hours. Generally vomiting was persistent, though no gastric conditions could account for it ; vertigo and temporary hemianopsia were frequently present during the crisis, and vasomotor perversions were marked.

Onosmodium 1x did not give any relief during the attacks, but its good results were obtained by its persistent use in the inter-paroxysmal states. The second week showed a slight improvement, and in a few months the severity of the attacks had so decreased that he paid little attention to them. It is now quite a year since my first observation of the case. So far as the migraine is concerned he is perfectly cured, and his general health was never better.

### *Serum Treatment of Diphtheria.*

The following editorial in an old-school journal (The Medical Brief) is at this time particularly interesting and may serve as a warning to those who might be led astray from the homeopathic law of prescribing. The Editor says :

The dangers which sometimes follow injections of diphtheria serum are so many and great that even if antitoxin had successfully demonstrated its efficiency in diphtheria, its use would be open to grave objections.

In the first place, sudden death may follow a single injection. An increasing number of

cases have been recorded since antitoxin was first introduced, and the physician has no means of guarding against such a contingency, or of distinguishing between the susceptible and the non-susceptible individual. This fact alone is an insuperable objection to the use of antitoxin.

Second, paralysis follows an attack of diphtheria treated with antitoxin much oftener than it did under the older methods of drug treatment.

Third, inflammation of the kidneys is more common in diphtheria patients where antitoxin is used. It is a very serious thing to cripple the kidneys in a disease like diphtheria, in which so much depends upon the prompt and rapid elimination of poisons from the system.

Fourth, antitoxin has been shown to exercise a devitalizing influence on the red blood corpuscles, diminishing their number, increasing the anæmia, starving the system, and encouraging degenerative tissue changes.

Fifth, in a majority of cases, antitoxin causes a rise in the temperature and disturbs the circulation. It is a frequent cause of eruptions, joint swellings, and muscle pains.

Sixth, antitoxin has not decreased the death rate from diphtheria, diminished the suffering from the disease, or lessened its duration.

Such a bill of indictment against any remedy should be sufficient to make conscientious physicians discard it, even without the added knowledge that it is a fake and a fraud of the worst kind.

If we could get right down to the heart of the matter, we should probably find that less than one per cent. of the medical profession sincerely believes in the therapeutic efficacy of antitoxin.

In England, France, and Germany, it is fast becoming a subject of ridicule; and we cannot believe that the American medical profession, which is held in such high esteem for its common sense and extensive knowledge of *materia medica*, is as ignorant and credulous as sometimes appears from a surface view.

### *Lycopodium in Paralysis of Muscles of Neck.*

— in Calcutta Journal of Medicine:

A Hindoo male child, aged four, was brought to me on the 10th of September for nasal voice. The child was suffering from this symptom for

about a month since his recovery from a bad attack of fever. On examination the uvula was found to be rather long and relaxed. On inquiry, I learned that drinks, not solid food, return by the nose. The patient was lean and emaciated, but was free from fever and had no other organic disease. An old-school doctor had diagnosed ulceration of the floor of the posterior nares and had feared perforation of the soft palate. He was placed under a homeopathic practitioner, who treated him with caust. 6 for a fortnight, but without any benefit. I gave him some globules saturated with merc. s. 6, two to be taken for a dose, twice a day.

The child was brought to me on the 24th, that is, after six days' use of *mercurius sol.* There was complete disappearance of one symptom, "return of drinks by the nose," but the nasal voice was not a whit better. I gave him *aurum met. 10x*, globules, to be used in the same way as the first medicine.

Sept. 28th. Voice much improved, the nasal twang being less; but a new and most alarming symptom had developed itself—the patient could not keep his head erect. There was evident paralysis of muscles of the neck, more of the right side, as the head fell more toward the left side. Thinking this might be due to *aurum*, I discontinued the medicine, and gave some *nihilum globules*. On the following day, the nasal voice quite gone, but paralysis of muscles of the neck rather worse. Gave *lycop. 30*.

1st October. The child could keep his head erect pretty well. The medicine was repeated. and in the course of a few days the grave symptoms of paralysis of the neck disappeared.

Remarks.—This case affords a beautiful verification of a pathogenetic symptom of *lycopodium*, which is thus recorded in the *Chronic Diseases*: "A sort of paralysis of the cervical muscles, the head sank down forward more and more, as if it would fall off." In our case the tendency of the head was to fall more to the left than to any other side; and yet *lycopodium* removed the symptom, showing that the drug does produce paralysis of the muscles of the neck, and it is immaterial on which side the paralysis may be predominant. This symptom of *lycopodium* was furnished by Hahnemann, and however obtained, whether with the 30th dilution on a

healthy subject, or simply as a removed clinical symptom, there can be no question that it is a genuine symptom. This shows how unwise it is to reject all the symptoms of the Chronic Diseases which have been furnished by its author.

### *Natrum Phos.*

Niederkorn in E. M. Journal says this is the remedy for conditions arising from excess of lactic acid—the remedy for acidity. The characteristic indication for it is a creamy, yellow coating of tongue. Sour belchings, sour vomiting, sour diarrheas, are arrested by this agent; intestinal worms are removed by its use; in any case its administration is governed by the characteristic tongue. In scores of cases I have seen one powder of natrum phos. 3x produce large biliary evacuation from the bowels—one dose of nat. phos. administered in the morning would produce three to four biliary stools during the day. I use the 3x, and where I find the creamy yellow, coated tongue I give natrum phos. 3x.

### *Berberis Aquifolium in Dermatology.*

This drug, according to Buisly<sup>9</sup>, is destined to occupy a prominent position in the therapeutics of the dermatologist. The drug has proven to be an excellent one in his hands, having used it successfully in skin affections complicated with syphilis, for tertiary syphilis and in eczema.

Hale gives the following symptoms as cured by this drug :

Syphilis in all its stages.

Syphilitic psoriasis.

Psoriasis diffuse.

Terrible eruption covering the scalp and extending downward over the face and chest; exact species not stated, but probably eczema capitis.

Eruption confined to the ears and back of the head and neck of six months' standing.

Roughness of the skin of the face in women.

Dry, rough, and scaly skin.

Cutaneous affections, especially squamous, such as psoriasis and pityriasis.

Tumor of the breast, with sharp pain in it, worse at night; hard and circumscribed like scirrhus.

Dr. Buisly makes the following emphatic remarks concerning its use in skin diseases :

"If you wish to smooth the skin of a lady's face which has become rough and unsightly give her berberis, and she will give you many a puff," etc.

### *Arsenicum in Intermittent Fever.*

Dr. J. B. Ellis<sup>17</sup> gives a case in point as illustrative of the good results following the proper exhibition of a remedy, in a case of the much talked of "Intermittents of the South."

Miss D., Irish, twenty-three years of age, blue eyes, medium figure, always had the "Mineral Doctors" but cannot stand their kind of treatment. She has had chills now for eight days, and seeks relief from the following symptoms : Chills at 12, noon, not clearly defined, as she would have alternate waves of heat running over her ; this was not accompanied by thirst, and was of a half hour's duration. Heat stage of long duration, intense, very thirsty, wants the water "cold," can drink but little, because it causes nausea. The whole of this stage is one of restlessness and prostration, the patient saying every few moments, "Oh, I am so exhausted ! Oh, dear ! Oh, dear ! I don't think I can stand it. I think I shall die." The sweat stage was not pronounced ; the heat gradually subsided with a little sweat here and there, accompanied with urgent thirst, which caused nausea if indulged. I gave her "arsenicum, 12th." She had a chill the next day, since which she has had entire relief, and what is more, she is cured of an acne that has troubled her for years.

So much for the law of "Similia"; it is unfailing as the everlasting truths of God, when rightly applied ; and every homeopath should feel that he has no need for "allopathic adjuvants," but can cure all curable cases by following the law laid down by the immortal Hahnemann.



In our personal letter written from Atlantic City, anent the meeting of the American Institute of Homeopathy, the types made us speak of the "Twenty-fifth annual session." We hope this is a printer's blunder, but fear to call him up lest the copy show otherwise, for we wrote under a good deal of a hurry and excitement. Of course everybody knows that it was the "Fifty-fifth," and that we knew it was. This is intended as a correction.

**NUX VOMICA IN GYNECOLOGICAL RELATIONS.**

By H. F. BIGGAR, M. D., Cleveland.

THE reply of a very learned and skillful surgeon of the other school while we were both associated in the care of a very complicated and serious case of heart and kidney lesions, when I suggested *strophanthus*, just then introduced to the profession, was very significant. He said that he never lost confidence in a long-tried friend, and for similar conditions *digitalis* had served him well. How frequently and how true it is that we often seek new friendships socially when our old friends are truer and more congenial! It is expected of us that we should be respectful to our new-formed acquaintances, but we should always be loyal to our old-tried friends. The same is true of our medicines. Some of our old friends are: *apis* for bilious, nervous temperament, with burning, stinging pain in the right ovary, with puffy lower eyelids, oedema of pelvic glands; *aurum* for nymphomania; *belladonna* for dark-complexioned women with expulsive pains, bright red blood and dysmenorrhea of neuralgic type; *china* for loss of fluids; *calc. sulph.* for pyosalpinx; *conium* for hard, indurated ovaries; *pulsatilla* for light complexion, delayed menstruation, sad and melancholy; *sepia* for constipation with pressure in the abdomen and one-day menses; *secale* for hemorrhage; *thuja* for uterine cancer,—these are our standbys. But how frequently we overlook *nux vomica*, even when indicated, and search after other and strange gods, forgetting that *nux* is an invaluable remedy and a convincing power of the truth of the law of *similia*, a remedy which is an everyday friend and, like old dog Tray, always faithful and ever kind.

When homeopathy was represented in Cleveland by Drs. John Wheeler, C. D. Williams, A. O. Blair, and G. W. Barnes, they gave character to their profession. By their early education they absorbed much that was then good in allopathy, and after honestly and conscientiously investigating the truth of homeopathy, embraced its doctrine. They were pillars of great strength. The marvelous successes of these earnest physicians made many converts of the laity and many proselytes of the allopathic doc-

tors. These men were giants, and had the courage to proclaim their belief and confidence in *similia*. The veteran Dr. A. O. Blair used to say: "If I am to have only one remedy give me *aconite*, and next to *aconite*, *apis*." My own experience is that after *aconite* give me *nux vomica*.

I still re-read my first notebook of *materia medica* when Prof. John Bettely, then instructor in *materia medica*, gave such a practical course. His remedies proved such sharp-shooters and straight-hitters. When the late Nathaniel Schneider and I were professionally associated, and a difficult case came under our care, we would with profit compare our notes of this very successful *materia medica* teacher. Many times I have prescribed *nux* with much relief, even to that success as to exclude the use of the knife. This is what Professor Betteley says of *nux* for women in diseases of pelvic organs: "It is very valuable in pelvic diseases of women where the patient is thin, irascible, dark hair, nervo-bilious, sensitive to external impressions; for the tired worn-out feeling, abuse of strong medicines, and when the cerebro-spinal system is implicated in those gynecological cases where the venous and mental symptoms are prominent.

"In menstruation where it is too early, too profuse, and of too long duration. It is also useful in menstruation when too early, too scanty, and of too short a duration, and when the menstrual discharge is dark or black and coagulated. Reddish urine, brick-dust deposit with frequent urination, frontal headache, pressing pain in the vortex as though a nail were driven in. Very sensitive nature, constipation, uneasiness in the rectum; prolapsus uteri.

"Profuse hemorrhages nearing the climacteric. Leucorrhœa staining yellow. Varices of the labiæ. Hypochondria; apprehends death; sensitive to external impressions; cannot bear the least suitable medicines. Sleepy in the early morning, but sleepless at night. Whizzing in the ears. Sick headache in the morning; twitching eyelids. Earthy face; colic, sour stomach. No tight clothing about the hypogastrium. Eructation with desire to vomit, blind hemorrhoids. Dysenteric stools. Hardness and swelling of the cervix utero. Burning in the pudendum with nymphomania. Hands cold and sweaty,

\* Read before the Hom. Med. Soc. of Ohio, 1899.



paralysis from excessive excesses. Worse in the morning."

Though not a close student of *materia medica*, as the general practitioner should be, yet I am very glad that I had such a practical instructor as Professor John Betteley. I may be wrong in having such a predilection for *nux*—but I cannot forbear the desire to find in most of my cases symptoms which will correspond to *nux*.

I could give many satisfactory results in cases where *nux vomica* was indicated. One in particular was that of a patient of mine, one who had been referred to me for advice with a view to an operation. She was a typical *nux* patient in build, temperament, menses, leucorrhœa, constipation, urinary deposit, varix of the labia, and particularly that tired feeling in the morning after waking. The varix of the labia disappeared, and the other symptoms cured, after taking *nux* for a short time.

I have not found *nux* useful in ovarian symptoms where there is soreness or pain on pressure. I have not found it as suitable in acute diseases as in chronic conditions.

Some of us who are inclined to seek relief in surgery to the neglect of our *materia medica*—how many times have we done those things which we ought not to have done, or left undone those things which we should have done? But lo, O Lord, there is help for us! Professor S. A. Jones, in "The Porcelain Painter's Son," truthfully says: "Strange as it may seem, breeding bacteria is a costly time for even a philosopher; naming them affords harmless occupation for bookmakers, and such breeding a christening is called science. Now there is both the science and the art of medicine; as the philosophers have their fill of science, but in God's name let the sick know the art." I regard the task more difficult to become a thoroughly well-read and successful physician, than it is to attain to "the peerage" of an accomplished surgeon. There is certainly more honor in the former and a much wider range of usefulness. Though my attainments in the knowledge of *materia medica* would not be satisfactory to a Kraft or a Dewey or others of their ability, yet the knowledge I do possess gives me great comfort. Every day I rejoice even in the slight knowledge I do possess of *similia similibus curentur*.

### NUX VOMICA IN GYNECOLOGY.\*

By A. LEIGHT MONROE, M. D., Louisville, Ky.

ALTHOUGH not generally regarded as one of the remedies which exercise a selective action upon the female generative organs, and giving somewhat more prominence to its sister *strychnia salt*, *ignatia*, in such cases *nux vomica* is at the same time largely useful in the disease of the female. The typical *nux vomica* woman is slender, and dark in type; she lacks the spasmodic and hysterical tendencies of *ignatia*; but is irascible, dyspeptic, and of a decidedly nervous temperament. She belongs to the higher classes and leads a sedentary life, preferring to ride in her carriage to the plebeian form of locomotion provided by nature. She is decidedly "in Society" and with the rest of the 400 eats late suppers and is fond of rich, highly-seasoned food, and may be accustomed to drink wine with her dinner. Characteristically as applied to all ages, sexes, and classes we have under *nux vomica* dry catarrhs, hyperæsthesia, dyspepsia with aggravation from eating or drinking; constipation with the *many false alarms* impelling to stool; vomiting and retching in the morning or after eating—suggesting gravid nausea—all associated with aggravation from all sensual or other impressions (*sepia*) as light, noise, touch, odors, riding in a car or boat, eating or drinking, dry cold, exposure, etc. Coming to the meat of our article, we find that the principal uses of *nux vomica* in the female are:

1st. Dysmenorrhea—menses are too profuse; the menstrual pains are short, sharp, and borne with impatience (*cham.*); often associated with gastric symptoms and chilliness upon uncovering.

2d. Uterine and ovarian troubles associated with dyspepsia, constipation, and great hyperæsthesia in patients who lead a sedentary life, eat highly-seasoned food, and do much mental labor.

3d. Slow labor characterized by short sharp inefficient pains that drag along interminably, the patient being meantime irascible, nervous, and again despondent. Compare *cham.*, *gels.*, *bell.*, and *cim.*

\* Read before the Hom. Med. Soc. of Ohio, 1899.

Finally, while *nux vomica* is not as often indicated as some other remedies by the distinctively female symptoms present—in a given case *nux vomica* causes and cures conditions which so often present themselves in the course of the treatment that it is an indispensable remedy to the gynecologist and is entitled to an honorable position in the list of his medicaments.

### ARE MICROBES DISEASE-GERMS?

By R. E. DUDGEON, M.D., London.

IN the June number of this periodical is an article on "Bacteriology and its Critics." It appears in the position of an editorial leader, and employs the conventional editorial "we" throughout. If I thought that the article was really an editorial one I would not venture to criticise it; but observing that it is said to be "communicated," I infer from that that it is not editorial, but the work of a contributor, and expresses his individual views; and therefore I feel that it may be commented on by a humble person like myself, who would hesitate to oppose what he believed to be the consensus of opinion of the eminent quartet who constitute the editorial staff of the *Monthly Homeopathic Review*. I think it would on the whole have been better if the author had given his name and expressed his opinions in the first person singular, in place of adopting the plural number, which seems to imply that he speaks for the whole body of bacteriologists. His article, though entitled "Bacteriology and its Critics," is chiefly, I may say entirely, concerned with a paper read by Dr. Bantock on the "Modern Doctrine of Bacteriology," numerous extracts from which were given in the May number of the *Review*. But he incidentally insinuates that the doubters of the "bacterial origin of infectious diseases" are a feeble folk, "a minimum minority" gradually diminishing, and he is sure that in a few years the minority will be "entirely extinguished." Perhaps he is right, but my own impression is that just the opposite of this is the case, and that the opponents of this germ theory of disease are much more numerous and outspoken than they were a few years ago, when the belief in the new doctrine seemed to spread throughout the whole profession and when an

enthusiastic French bacteriologist declared that "there are only two classes of diseases—those in which a bacterium has been found and those in which a bacterium will be found."

The partisans of the bacterial origin of disease are becoming manifestly more bitter against their opponents, a sign that they feel less sure of their ground. This is evident from the numerous exceptions they are compelled to admit, not only with respect to their failures to discover a microbe peculiar to some contagious diseases, such as rabies, syphilis, and smallpox, but also with respect to the frequent occurrence of cases of diseases ordinarily credited with the possession of a specific microbe, without any discoverable micro-organism, and of specific microbes of virulent diseases in healthy persons.

Exceptions are sometimes said to prove the rule, but to my mind they only show the inadequacy of the rule, and when so numerous as in the present case, they disprove the pretended rule.

It is a common device of the partisans of bacteriology to accuse their opponents of ignorance. In the discussion on Dr. Bantock's paper at the Gynecological Society, several of the speakers accused him of gross ignorance, and the other day Lord Lister alleged that it was only ignorant persons who disputed the scientific character and beneficial effects of bacterial research, which he said had suggested the employment of antitoxic serum injections in diphtheria, whereby the mortality of that disease had been reduced to zero. I was not aware that the use of antitoxic serum was an outcome of bacteriology, nor that the mortality of diphtheria had been reduced to zero, but then a simple commoner cannot be expected to know so much as a noble lord. The author of the paper under consideration seems to have an equally low opinion of those who hold opposite views to his own. He compares them to the ignorant opponents of Copernicus and Newton.

Now, I confess I am very ignorant with regard to bacteriological matters. The things I do not know about micro-organisms would fill a big book. I may here give a leaf out of that book illustrative of my crass nescience. I do not know how it is that the ubiquitous so-called pathogenic microbes, which are frequently found

in perfectly healthy persons, should remain innocuously in the orifices of the body and then suddenly cause the serious diseases they are supposed to produce. Immunization is no doubt a blessed and comforting word, but it is rather too vague and theoretical to be entirely convincing as an explanation of this phenomenon. I do not know why these diseases sometimes occur without any of their supposed pathogenic bacteria being discoverable by the most careful examination. I do not know why, if the bacillus typhosus be the cause of typhoid, epidemics of typhoid, like that at Maidstone, should ravage a district and yet, though "bacteriologists of repute were engaged in the search, none of the efforts made to find the bacillus (in the water supplied to the town) proved successful." I do not know why the occurrence of typhoid fever from exposure to sewage air should be ascribed to the bacillus typhosus, when the investigations of Laws, Jordan, Koch, Andrews, and others show that sewage does not give off micro-organisms to the air in contact with it, that the sewage air contains very few microbes compared with the surrounding open air, and that these few microbes are identical with those of the open air, and evidently derived from the latter. I do not know why, if the comma bacillus be the cause of cholera, Pettenkoffer and his friends could swallow large quantities of the cultivated microbes without being affected by the disease. I do not know why, if the staphylococcus pyogenes aureus be the cause of suppuration, Dr. Stoker found in 250 cases of ulcers that the rapidity of healing was in proportion to the presence of these pyogenic microbes. I do not know how bacteria, which are apparently destitute of all secreting organs, can be capable of forming "secretions possessing poisonous properties of astonishing intensity," as Lord Lister asserts. I do not know how it happened that Dr. Menge's introductions into the vagina of many women and infants of quantities of cultivations of staphylococci, streptococci, and other "virulent" microbes were not followed by any disease whatever. I do not know why some of the most manifestly infectious or contagious diseases, such as rabies, smallpox, and syphilis should have no distinctive microbe. I do not

know why the gonococcus should be regarded as the cause of gonorrhea, when numerous cases of undoubted gonorrhea have been reported where no gonococcus could be found, and others of simple vaginitis of young children where this microbe abounded. I do not know that any success has ever attended the attempt to cure a disease by the destruction of its presumed specific microbe, but I have read that such an attempt made in the Paris hospitals in the case of typhoid fever was followed by disastrous results. I do not know of any advantage to therapeutics that has resulted from the labors of bacteriologists, and, considering the uncertainty attending the presence or the discovery of the supposed specific microbe of a disease, I doubt if the gain to diagnosis has been very material.

I do not know if future generations will esteem the discoveries of Klebs, Loeffler, or the great Koch himself, as quite equal in importance to those of Copernicus and Newton, as the author of this paper seems to think. If any honor is to be attached to the first promulgator of a doctrine of the microbial origin of disease I do not know why it should not be awarded to Hahnemann, who in 1831 published a pamphlet in which he asserted that cholera was caused by certain minute invisible organisms which were transported in the atmosphere and conveyed from place to place, thus propagating the disease. His doctrine, unlike the sterile labors of modern bacteriologists, suggested to him a therapeutic method which has proved eminently successful in the treatment of cholera. It was the employment of camphor internally by mouth or clyster, and externally by friction with camphorated spirit and the evaporation of camphor by heat in the room. In this way, so unlike his ordinary treatment of disease, Hahnemann imagined that the minute organisms which, as he thought, caused the disease, could be destroyed and health restored. His was what may be called a good working hypothesis, which modern bacteriology is not; for the treatment suggested by it was eminently successful, and no one can allege that bacteriology has been of the slightest service to therapeutics, except that incidentally it has been of use in promoting the cleanliness which is now found to be

so advantageous in the treatment of both medical and surgical diseases.

The author of the article in the June number seems to expect that anyone objecting to the microbial origin of disease is bound to find a substitute. "What," he asks, "does Dr. Bantock substitute for bacteria in the rôle of causation of disease? . . . no suggestion is made as to what he considers the *materies morbi*." The very limited success that has attended the efforts in this direction of medical theorists, from Van Helmont to John Brown, offers little encouragement to others to engage in such a thankless task. To have shown that the latest theory of the cause of disease is of the same unsatisfactory character as the many which have preceded it does not involve the responsibility of providing a substitute for it. That only leaves the question as it was previous to the advent of the last one—an unsolved mystery.

The author cannot find in Dr. Bantock's paper "one convincing argument to support his case." To my mind the paper bristles with convincing arguments and facts in support of his assertion that bacteria are not the cause but the consequence of disease. Our bacteriological champion shows his discretion by ignoring these arguments and facts, instead of attempting to refute them. I should like to know what the "few simple inoculation experiments" are which afford "quite sufficient proof to weigh against all Dr. Bantock's pen-and-ink arguments."

Of course I do not deny that there may be some micro-organisms so peculiarly constituted as to be able to prey like venomous parasites on certain structures of their hosts; but though this is probably the case in regard to some non-infectious malarial diseases, the lively metamorphic micro-organisms found in the blood-corpuscles of certain forms of ague seem to be quite different from the lazy, unchanging (or only degenerating) cocci and bacilli which are often found in connection with some infectious diseases.

The curious life history of these malarial parasites has been chiefly revealed, as Koch tells us, by the researches of the Italian bacteriologists, who are continually making bacteriological discoveries inimical to the peace of mind of mankind. The latest terror-inspiring discovery

hailing from Italy is that the human beard harbors crowds of toxic bacteria, sufficient to kill a number of guinea-pigs when used hypodermically. This being the case, every self-respecting bacteriologist, to avoid distributing the germs of disease, will hasten to part with the hirsute adornment of his face; for though doctors may not mind poisoning guinea-pigs, when patients learn that beards are so poisonous, they will cease to employ bearded doctors, who will then find that their beards will not only be fatal to guinea-pigs, but may be disastrous to the flow of guineas into their own pockets. The next thing, I suppose, an Italian bacteriologist will discover, will be that the hair of our head swarms with lethal bacteria, and then we shall be compelled to shave our heads and wear the horse-hair perukes of the last century, such as are only now seen in our law courts. I much fear that life will not be worth living if we permit these bacteriologists to order us how to live.

At present the "malcontents," as our author calls them, are probably in a minority, but he prophesies that the minority will soon be "entirely extinguished." But prophecy is not proof, and it is permissible for the malcontents to prophesy, in accordance with their views, that the doctrine of the microbial origin of infectious diseases will ere long be relegated to the lumber room of exploded and discredited pathological theories, which have strutted and fretted their hour upon the stage and then are heard no more.—(*London*) *Monthly Hom. Review*.



### QUESTIONS AND ANSWERS IN MATERIA MEDICA.

Prepared by EDWARD FORNIAS, M. D.,  
Philadelphia, Pa.

Give the rheumatism of rhus.

Muscular, especially left side, with lameness and stiffness and pain on first moving after rest; better by continued motion. After getting wet.

When is rhus indicated in typhoid fever?

When the bowels commence to move, indicating disintegration; pea-soup stools. Rheumatoid pains in the extremities. Restless at night; has to change position

- frequently to find relief. Delirium. Muttering. Tongue furred, with red triangular tip. This remedy has great affinity for the left side of the body.
- Give the insomnia of nux vomica.**  
Awakes at 3 A. M. ; lies awake for hours with a rush of thoughts ; falls asleep in the late morning with troublesome dreams, and gets up more tired than in the evening.
- Give the coryza of nux vomica.**  
Fluent during the day ; stopped up at night ; worse in a warm room, and better in cold air ; sneezing early in bed ; scraping in nose and throat.
- Give the constipation of nux vomica.**  
Frequent, ineffectual urging, or passing only small quantities of fæces at each attempt. With headache and colic. Hemorrhoids.
- Give the colic of nux vomica.**  
Flatulent with pressure upwards, causing dyspnœa, and downward, causing urging to stool and urination. From indigestion with water brash. Periodical or from suppressed hemorrhoidal flow.
- When is nux vomica indicated in gastralgia ?**  
When there are clawing, cramping pains in the stomach, with pressure and tension between scapulæ ; pains extend to the chest or down the back to the anus, with urging to stool.
- In what kind of a person is nux vomica especially indicated ?**  
Hypochondriac mood in those leading a sedentary life, with abdominal trouble and constipation. In drunkards, dyspeptics, always with headache. Oversensitive to external impressions. Irritable and quarrelsome if disturbed.
- When is nux vomica indicated in gonorrhea ?**  
After abuse of copaiba and cubebs ; thin discharge with burning on urinating. This remedy is excellent for the bad effects from alcohol, sedentary habit, rich food, high living, late hours, etc.
- When is kali bichromicum indicated in diphtheria ?**  
When there is much tough, stringy, ropy mucus ; patches here and there on the tonsils ; pains shooting up into the ear.
- What is the character of all secretions from mucous membranes in kali bichromicum ?  
Tough, stringy, ropy.
- Give the chest symptoms of kali carbonicum.**  
Stitching pains, especially lower border of right lung. Wakes about 4 A. M., with cough and stitches in chest.
- Give cholera symptoms of veratrum album.**  
Nausea, vomiting, and purging, with cold skin, profound exhaustion, weak pulse, and general symptoms of collapse.
- Give the dysmenorrhea of veratrum album.**  
With vomiting and purging or exhausting diarrhea with cold sweat.
- Give mental symptoms of veratrum album.**  
Loquacity (lachesis). Religious mania ; prays. Disposed to talk about faults of others, or silent ; but if irritated, scolding, calling names. Lascivious talk (hyos.), or impudent behavior in childbed.
- Give hæmatemesis of veratrum album.**  
Slow pulse, coldness, fainting fits, cold sweat ; nausea when moving or rising.
- Give the diarrhea of veratrum album.**  
Watery, greenish, mixed with flakes ; gushing profuse rice-water discharges ; with cramps, cold sweat, sunken, even hippocratic face. Exhausting discharges.
- Give the constipation of veratrum album.**  
Stools, large, hard ; or in round, black balls (opi.). Chronic cases, especially in children.
- Give the sciatica of colocynth.**  
Drawing, tearing rheumatic pains in legs ; the nerves around the hip joints and acetabulum suffer most severely.
- Give the colic of colocynth.**  
Violent, causing the patient to bend double (acon.) with restlessness, moaning, and lamenting. Better by pressing abdomen against a table or bed-post.
- Give the dysentery of colocynth.**  
Stools bloody and slimy, with great pain in the bowels, causing patient to bend double.
- Give the amenorrhœa of colocynth.**  
Intense pain in the ovaries, causing patient to bend double.
- When is hypericum indicated in lockjaw ?**  
From wounds in soles of feet, palms of hands

or fingers ; convulsions after every slight injury or concussion.

When is hypericum indicated in injuries ?

For the bad results of injuries to tissues freely supplied with sentient nerves—as ulcerations of ends of fingers.

When is hyoscyamus indicated in convulsions ?

When there is little or no fever (bell. has much fever.), hardly any congestion (bell. much congestion), but with great nervous excitability (stram. much fury). With jerking of muscles ; staring eyes ; foolish laughter and, above all, immodesty ; will not be covered ; kicks the clothes off.



### THE SOUTHERN.

THE next annual meeting of the Southern Homeopathic Medical Association will be held at Ashville, N. C., October 17, 18, and 19. Every effort is being made by its officers and the local committee to have this a memorable occasion, not only for its intrinsic worth as a medical association, but also as a social gathering. The Bureaus are chairmanned as follows :

Materia Medica, Dr. Eldridge C. Price.

Pedology, Dr. Reily.

Obstetrics, Dr. Susan M. Hicks.

Eye and Ear, Dr. Chas. Wilson.

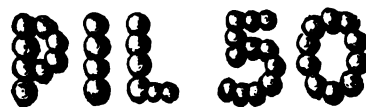
Clinical Medicine, Dr. H. R. Stout.

Sanitary Science, Dr. V. H. Hallman.

Surgery, Dr. Wm. Davis Foster.

Neurology, Dr. M. E. Douglass.

Those who are in touch with professional matters outside their own immediate territory recognize that some eminent men are enlisted to make this meeting a banner occasion. We urge upon all good homeopaths everywhere to "break away" from their work for the three days named above and visit this charming resort. They will be amply repaid for all inconvenience of travel by the charm of this well-known place, and be doubly glad they came when they have listened to the reading of the papers promised by the several chairmen. Dr. A. N. Ballard of Birmingham, Ala., is president, Dr. Lizzie Gray Gutherz, St. Louis, Recording Secretary, and Dr. Frances McMillan, Nashville, Corresponding Secretary.



*Respectfully Referred to  
Dr. Horace M. Paine.*

WHY NOT GRANT HIM A LICENSE ? The Memphis *Medical Monthly* is responsible for the correctness of the following item :

There recently appeared before the Clay County, Ark., Medical Examining Board an applicant for license to practice. This applicant claimed to have practiced medicine up to within the last two years in the State of Illinois, and before going to that State had followed the same calling for fourteen years in Kentucky. Through the courtesy of the Secretary of the Board, Dr. W. H. Hubbard, of Piggot, Ark., we have had the opportunity of examining the papers containing the answers to the Board's questions, turned in by this experienced practitioner, and here submit a few of these, *verbatim et literatim*, as examples of the character of the whole.

"Question: What is cerebral hemorrhage ? Give symptoms, prognosis, and treatment.

"Answer : Cerebral hemorrhage is bleeding from the womb ; symptoms is a bearing down sincipitation of the ovaries, of the vagina and a bleeding sincipitation from the womb. treatment. Ceep the Patient as quiet as Possibel, and Give quinia and Bor. Potach. Morphine, Nutmegs, brandyes and sometimes a Coton Pill.

"Ques.: What is appendicitis ? Give one cause. Give symptoms and treatment in full.

"Ans.: Appendicitis is a Dease of ferbile condeations of the systum. Symptoms is a tired and heavey feeling. Drinking Sincipitation. treatment for same morphine antifebrine and stimulents, Brandyes, wines and Egg Sups.

"Ques.: What is extra-uterine pregnancy ? Give symptoms.

"Ans.: Extrauterine Pregnancy sometimes occurs shortly after a sexious intercourse, or caused by a Sudden exposure from Cold. and the Peariods Becomes unreagular.

"Ques.: Give the mechanism of labor.

"Ans.: Mechanisem of labor is a Slite Pain in the lower Parts of the abdoman Cavity Connected with the womb.

"Ques.: How are poisoned wounds produced ? Give treatment for same.

"Ans.: Poison Wounds air Produced sometimes by Snake Bites, or Mad. Dog Bites, Wild Grape Vines.

"treatment, Carbolic Acid, tanic acid. Opium, Morphine. Whiskeys or Wines."

With this astute learning as the result of many

years' practice, can we not truly say, *experientia docet*?—*Char. Med. Jour.*

[You remember, Doctor dear, don't you, that a little while ago some of the Illinois doctors resented your visit to their State, and advised you to let Illinois attend to Illinois' business. This looks like business with a small b. Sir?]

### ***Czar is Melancholy***

#### ***Because the Boys are all Girls.***

VIENNA, July 26.—Advices from St. Petersburg say that the Czar, who is about to undergo a trepanning operation, will make his brother, Grand Duke Michael, regent of the empire. It is reported that the birth of three daughters to the Czarina has plunged the Czar into melancholia, and permanent impairment of the brain is feared, unless the operation is speedily performed.—*Cleveland Press.*

[Just how trepanning the Czar's head will result in causing his future girls to be boys is not particularized. Is this to supersede the no-sugar-in-the-urine discovery of Schenck? The item is telegraphed from Vienna—the stronghold of Schenck.]

### ***Lawson Tait,***

#### ***A Tribute to his Memory.***

The profession has lost one of its great men in the death of Lawson Tait. He was a man of genius, holding in his keeping many talents. He was a great man, as he had bitter enemies, who watched his every movement. He was the leader of the opposition, in fact, he was the opposition itself, against formalism in aseptic surgery. There are those who believe that precautions against infection must only be taken in a certain way, so much soap and water, so much brush and towel, so much bichloride and carbolic, so much alcohol and ether. Lawson Tait's one aim was cleanliness, chiefly mechanical, but he would as lief wash off the germs as to kill them in situ, and success was chief attendant to his operations. However grave his heresy, he made Birmingham the chief city in the world for abdominal surgery, and no man may question the greatness of his work.

He was born in Edinburgh in 1844, and was fifty-five years old at the time of his death.—*Charlotte Med. Jour.*

[Truly this was a great man. We judge him by the enemies he made. He was an independent, fearless thinker and talker. He was no friend of homeopathy, but he was a brother of the medical profession, honest and 'stanch.

The later discoveries in the domain of antisepsitics begin to show that Tait was right in his opposition to the bacteriological craze.]

### ***A New Cure***

#### ***for Overfatness.***

They may reduce adipose and prevent further infiltration or storage, in either of several ways: One is, by merely inhibiting or controlling the disproportionate activity of fat-cell nutrition; thus placing less fatty pabulum and more blood, brain, muscle, nerve, and gland elements, at the disposal of the absorbents, while the fatty tissue and oily material of the body, being the most lowly organized, are naturally the first to be removed by the corrected physiological processes.

Or, we may find that they act as alteratives, and restore equilibrium to the nutritive processes, by destroying or neutralizing some morbid fat-forming agency, occult derangement of digestion, or perversion of assimilation, that have been causing diminished oxidation and a consequent accumulation of fat.

Again, when we study their analysis, and consider the complexness of the potent medicinal ingredients that lie hidden in each glass of these waters, another rational hypothesis arises: Kissingen being an acidulous *saline*, and Vichy an *alkaline*, and both containing salts of calcium, magnesium, potassium, sodium, and other minerals, in decided and definite quantities, united with carbonic acid and other gases, it seems logical to suppose that, when *alternately* mingled with the food-pulp or chyme in the stomach and intestines, day after day, their special combination of ingredients brings about reduction by some chemico-physiological readjustment of the alkalinity and acidity of the blood and the visceral fluids, or possibly, of both humors and solids; and that this readjustment makes the fat-yielding pabulum less plentiful and less rich, therefore, less favorable for fat-creation, and metabolically explains why increase of fatness ceases, and why reabsorption of the surplus contents of the fat-cells begins, and also, why this physiological reduction and reconstruction results; all uniting to prove that Kissingen and Vichy, taken by this plan, are a reliable combination for preventing increase and reducing surplus fat to the normal proportion of one to fifteen or twenty.

But, whatever their exact mode of action may be, there certainly exists some natural and well-marked antagonism between these two waters taken thus, and adipose material, that tends to restore a normal balance between the quantity of it and of other tissues. This has been proven again and again. In some cases, however, the direct and immediate effect of Kissingen and Vichy is more perceptible than in

others, because some types of fatness reduce more easily and more rapidly than others. The more firm and solid the flesh, and the longer one has been fat, the more slowly it yields. Such a one, if quite fat and belonging to a constitutionally fat family, with proportionately small lungs, might require a persistence with Kissingen and Vichy methodically for six months or even longer, unless the ammonia and lemon juice are added regularly. Ungovernable appetite, failure to exercise, tippling, etc., may also retard or prevent success.

In some of these "stubborn" cases, a considerable decrease of size, with but little lessening of weight has been observed.

In addition, Kissingen and Vichy not only reduce over-fatness, but also tend to permanently correct the irregular and excessive fat-making activity on which it depends, without injury to the health. The person gradually becomes thinner, looks healthier and feels younger and more active, as his (or her) superabundance disappears. At the same time the skin, being an elastic and active tissue, contracts correspondingly, leaving neither flabbiness nor wrinkles, bagginess nor crow's feet, while brain, muscle, nerve, blood, and glandular nutrition and strength all remain normal, proving that this method does not cause either pathological diminution or morbid shriveling from inanition or loss of strength; or constipation with cachexy from impaired digestion, as the various "Anti-fat" blood depuratives and glandular eliminatives are notoriously apt to do.—*Dr. William T. Cathell in Maryland Med. Journal.*

[Dr. Cathell suggests that the Kissingen and Vichy waters be drank in alternating days about half an hour after each meal. That is to say, if one begins with Kissingen, then on the next day take Vichy, the following day Kissingen, etc. Further experiments convinced the Doctor that the normal waters, after being carried from a great distance in various receptacles, tended to being impure or lacking in proper power. Hence he made use of and now recommends the use John Wyeth & Bros. granular effervescent salts of both waters, which are then sure of being pure and true and effective. This we consider a valuable addition to our armamentarium, and we shall watch with much interest several fat folks whom we have started on this new route for the reduction of over-fat.]



One noteworthy symptom which will call for bryonia is ability to see at a distance, but not near at hand.

## Globules.

**Dr. Eldridge C. Price** of Baltimore is at Monterey Cottage, Blue Ridge Summit, Pa.

**Dr. Bushrod W. James** of Philadelphia is spending his summer vacation in Provincetown, Mass.

**Professor T. C. Duncan, M. D.**, has severed his connection with the National Homeopathic College of Chicago and accepted a professorship in Dunham—to fill the vacancy left by the death of the lamented Hoyne.

**A Question of Chemistry.**—Said Mickey Finn to the patrons of O'Shaughnessy's bar-room: "Me by is stiddyng fwot he calls kemist-ree, but Oi think it's dom humbug. He said last noit that if he tuk one bottle of oxy-gin an' two of hydero-gin, that thin he could make water. Oi said nothing, but Oi thought any dom fool knew that without going to a school to learn it."—*American Druggist.*

**"Avoidable Enunciations,"** by S. C. Delap, M. D., of Kansas City, and published in his journal, attracted our attention. Before we finished the article we discovered that it referred to "Avoidable Eucleations." But the worst case of printer's mistake was that in the *Hahnemannian Advocate* some months ago where sulphur was said to cure "Suppressed Erections." "Suppressed Eruptions" was what Pierson had written.

**Dr. Wm. Curtiss Bailey** of Las Vegas, Hot Springs, N. M., writes to call attention to the excellences of the Springs, which is situated among the foothills of the Rocky Mountains in what is known as the "dry belt," as a health resort. He says that it is a most desirable place for those who desire a change of environment, or who seek a climate which has an excess of sunshine, a dry atmosphere, and a medium altitude with no extremes of heat or cold.

**Bicycle Saddles as an Obstetrical quid pro quo.**—A Cleveland physician delivered a patient of a bouncing boy. Great was the joy thereat. Always girls before that. Two years before the Doctor complained that his bicycle saddle hurt him. "Why," said the husband, "send down to my house. I've got a couple of old saddles there I'm not using. Maybe you



can find one to suit you. You're welcome to them." Physician did so. But could not use either of them. Threw them into the cellar and kept quiet about it for fear of hurting the husband's feelings. A few days ago, when the Doctor sent his bill for the "bouncing boy," he received a check for part of his bill and a counter claim of four dollars for two bicycle saddles.

**Dr. Horace Packard**, the eminent specialist of Boston, is at Grindstone Neck, Winter Harbor, Maine.

**Prof. W. B. Hinsdale**, M. D., Dean of the Homeopathic Department of the University of Michigan, Ann Arbor, telephoned his presence in our city on August 3d. But as we were then, and are yet suffering from the evil effects of our street-car strike, he doubtlessly concluded not to risk a dynamite hoist on our cars.

"**Ectopia Vesicae**," by James W. Ward, M. D., San Francisco, a paper printed in the *Pacific Coast Journal of Homoeopathy*, lies before us in reprint. Dr. Ward's well-known reputation bespeaks for him a careful reading of any paper emanating from his pen; and this paper is a product of deep study and experience and its propositions worthy of adoption.

**Dr. Pratt** announces his next (the thirteenth) annual class in orificial surgery to begin September 4, 1899, in the Chicago Homeopathic Medical College. Dr. Pratt is so well and favorably known that neither he nor his specialty need any extended eulogy from this editor. His orificial discoveries have added a distinct beneficence to the profession of medicine, adopted now by all schools of medicine. May he be prosperous and happy.

The New York Homeopathic Medical Society will hold its thirty-third semi-annual meeting at Binghamton on September 19 and 20. The programme of this meeting, which is at hand, gives promise of a feast of good things. We note with pleasure that many if not the majority of the bureaus are chairmanned by new names. This appeals to us as proper. It has been one of the errors, in our estimation, of the several State societies, and, as well, of the American Institute, that its bureau chairmen continued to be, from year to year, practically

the same people. No wonder the younger element "kicked." New York, however, gives its new men a "show," of course not ignoring its tried and true men.

If a "kissing bug" kisses you, rub the kissed part with the tincture of *plantago major* and at the same time take a drop internally. The same remedy is an excellent one for all insect bites or poisonous inflammations of any kind.

Red glass is now deemed a cure for seasickness. Blue glass will disclose eruptions on the skin when the naked eye fails to see them. Violet glass added to the field glass will show the flash of fire from the enemy's smokeless powder. And there is a colorless glass which if unduly used will cause diplopia.

In Cleveland there is a physician—not a homeopath—who, for the down-payment of five-hundred dollars, agreed to produce a living baby within fifteen months. The man and his wife put themselves under his professional care, did all the things commanded to be done, and left undone those things forbidden. But the fifteen months and more have flown, and no baby has appeared. Hence, there is a damage suit against this physician.

The *Clinical Reporter* of St. Louis has taken another "tumble." Dr. Gibson of St. Louis now appears as its editor, and someone else—can't recall the name now—as the publisher. And our brilliant penman Dr. Foulon again withdraws. He ought to get disgusted pretty soon with his emergency editorship. Whenever the *Reporter* gets in trouble either with its editor or the printers, then dear Dr. Foulon is trotted out to revamp the journal; and then is again retired. It is very evident to us that St. Louis needs no homeopathic journal. We had the distinguished pleasure of once guiding the editorial fortunes of this journal, and we have never forgotten the lack of interest exhibited in its progress or success. It seems almost fated to be the *College Courier*; and that, as medical editors well know, usually arrays all but the college folks against it; and the college folks themselves, as a rule, seem indifferent. We hope Dr. Gibson will manage to interest the St. Louis profession in its journal, and—(we say it in all kindness and from long experience)—

keep it from being merely a monthly diary of what this or that Professor said, thought, or did.

**There** is greater danger to nervous health from the Peruvian alterative, coca, which has lately been brought into such extensive use. Steeped in wine, it is offered everywhere—even, I regret to say, by homeopathic chemists—as a “tonic,” a “pick-me-up,” a promoter of sleep and appetite. Unwary weakly ones fly to it to gain strength, and find only nervous tension with the reaction which inevitably dogs it. They would know better than to take strong coffee or tea for such purposes, and they ought to be instructed that coca is another agent of the same kind—as is also the kola nut, which some are advocating in its stead.—*Hughes.*

**The Paris Exposition trip in 1900** must not be forgotten by our American homeopathic brethren. The International Homeopathic Congress meets during this time, namely from July 18 to 21, and every promise is held out by our French brethren that this meeting will be a noted one in the Annals of Homeopathy. Arrange *now* to go. In order to overcome the usual difficulties of travel in a foreign country when unfamiliar with its language and customs, join the AMERICAN HOMEOPATHIST'S club of fifty—or more. Our 1896 party enjoyed itself, and we believe that our 1900 club, profiting by our former trips, will be still better managed. Every responsibility and care will be taken off the club members. First-cabin ocean travel, with railway and hotel expenses, will be included in the lump sum to be paid down before embarking. Probable absence forty to sixty days. Write this editor for details.

**A Proving of Glonoine, Crude.**—We had the distinguished honor of being blown up with nitro-glycerine a few nights since. But reserve your obituaries, brethren and friends. Funeral postponed. We had business down in the city, and returning before midnight boarded a street car. After reaching one of the most aristocratic sections of our city, the book we were reading suddenly flew out of our hand, and we as suddenly after it. We were seated directly over the wheel, which exploded the n. g. which had been carelessly left on the track by a few infamous scoundrels. The detonation was terrific;

and after we had recovered from the shock and extricated ourselves from the up-heaved and up-torn flooring and blinding smoke, we could not hear a sound for some minutes. But this wore off. The car wheel was blown into “flinders.” A noticeable thing was that the glass in the window against which our back rested, which was directly over the wheel, broke into innumerable fragments, but almost wholly in square or rectangular pieces: very few sharp splinters. We prefer to take our glonoine in the highly attenuated form, as we now fully realize that a proving of the crude chemical is attended with no marked mental or other symptoms except those of an indecent haste to go elsewhere.

**A New Trust.**—A rich California merchant offers to purchase the entire grape crop of that State for a period of five years. This looks like an attempt to corner appendicitis.—*The Globe-Democrat, St. Louis.*

**One** of the neatest and most compact little contrivances is the Alcolia pocket stove. This is no larger than an ounce ointment jar, is filled with solidified alcohol, and will burn an hour and a quarter continuously. By an ingenious arrangement a part of the stove is transformed into a tripod strong enough to support a cup or vessel filled with water. We should say that it was a pleasant change from other means of heating water, curling irons, etc., because of its portability, cleanliness, and safety from danger. In our office we make use of it where formerly we employed the alcohol lamp, such as in heating urine, etc.

In this same relation we will speak of the compressed tablets of Armour & Co., any one of which dissolved in this cup of hot water heated by the Alcolia stove will make a dish of palatable soup with beef extract and vegetable flavor. Or if chewed with a cracker while on a bicycle run, or in traveling on rail or by sea, it will nourish and sustain the user. The tablets come in packages, each wrapped in silver foil, and convenient for immediate use.

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# The American Homeopathist.

SEPTEMBER 1, 1899.

FRANK KRAFT, M.D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



C. E. LANE, M. D.,  
Poughkeepsie, N. Y.

## Our Exultation Editorials.

THE migratory head-editor of the *Medical Century*, having been absent so often and so much of late from his base of supplies, has sort of lost his hold on things medical and homeopathic, as well as Clevelandic. We are moved to this reflection because of finding a long editorial in his August issue dealing with and reviewing *in extenso* the secession of the now famous sixteen from homeopathy to allopathy in Cleveland. This incident occurred, as all

Homeopathy now knows—for the great body of homeopaths read the *AMERICAN HOMEOPATHIST*—in the early months of this year of grace and street-car strikes, and is as dead now as “a door-nail.” Why it should have been revamped and rehabilitated and warmed-over and again injected into the body homeopathic we will leave for our learned brother to explain. But that which interests us in the editorial is, first, the implied accusation that ourself and one other had a personal grievance in the college matter, and, because thereof, sixteen homeopaths seceded. (considerable of a compliment, albeit a trifle left-handed); and, second, that the *Cleveland Medical Journal* (allopathic) and the *AMERICAN HOMEOPATHIST* (homeopathic) had indulged in much exultation because of this grievous slap sinister at Homeopathy.

Unfortunately the head-editor of the *Medical Century* has never been able to find any good to come out of Cleveland unless it came to him by special wire duly Otis-d. For some good reason he never listened to any side of the late Cleveland controversy except one. His visits here have been always to that one party to the controversy. An eminent and impartial journalist should not do thus, if not on ethical grounds then certainly for business reasons; for there are here nearly two hundred homeopaths who are not attachés of the College. We and one other in this city have been the head-editor's boggy-man. We two slept together, and drank together, and plotted and planned together, to overthrow the late alleged homeopathic college at this point, unless they did in truth and soberness let some homeopathy appear in some of its alleged homeopathic chairs. There was but one homeopathic light center in this city. All other homeopathic physicians of this city and county,

who were not given to accepting broken victuals and vandyked garments at the back door of the late college, were inhabitants of vast areas of dense mental and moral darkness with no right of representation in the *Medical Century* or elsewhere. Our own personal explanation to the head-editor of the conduct of matters medical here in the profession and the late college, at different times, was accepted only as the report of a disgruntled official who had been dropped from the faculty for cause ; and if we would but use our rectus abdominis for creeping purposes we might, with his aid, still have been forgiven and permitted to kiss the rod. What the cause really was did not apparently concern him. His specially Otis-d wire was sufficient. We were wrong and justly dealt with.

As for the other confederate and culprit with us, whose very name, when whispered down our alley, caused the frost to creep up on the college windows on the warmest day in June, and produced premature births in the college Maternité—well, we are not retained to plead his defense. In fact, he doesn't need any. He is amply able to care for himself, as his friends, the enemy, are not loath to concede. If he will ever need any defense at our hands he will receive it ; and when we do so engage upon that venture, we will put it in the "deadly parallel" for the information of the homeopathic craft in these "Federal" States to see who have been in reality the suborners of Homeopathy in this city and State !

As for the other point, the exultation indulged in, we have this to say : It seemed to us truly a marvel of medical (allopathic) journalism, to read and ponder the temperate, gentlemanly, and scholarly editorial which was printed in the *Cleveland Medical Journal* touching this secession. Had the boot been upon the other foot, we know ourself and our pen well enough to believe that we would have lifted up our voice and been exceeding glad because of the "slump." As to our own editorials being underlaid or interwoven or top-coated with any note of exultation—well, we would advise our talented, traveling, tourist-editor to overhaul our issues published during his absence abroad, and point out where any exultation was indulged in by us, and "when found make a note of." If these our editorials

carried with them any glee or gladness or exultation because Homeopathy had received a black eye through the shameful "slump" of homeopaths in Cleveland—students, practitioners and teachers—over into the allopathic camp and school,—then, truly, have we lost what little cunning we formerly possessed as artificer in vigorous, indignant, outspoken English !

We fancy the fact is that this *Century* editorial was written and "set" some time ago ; that it was "held-up" on the "galley" ; but being cast in the gifted editor's best English, and, withal, a well-worded defense of the late Cleveland College—although the college was not in the criminal dock—it was "run" in order to get it out of the "shop," notwithstanding the matter of which it treated was awfully dead. For everybody knows now—everybody in any way connected with the late "slump," and especially since Atlantic City—that this incident was closed for good and all at the American Institute meeting. And, further, everybody knows that our "exultation" editorials were taken quite seriously by the colleges and profession, and have caused many improvements, prospective and promised, in our homeopathic schools.

Now if our learned brother—having eyes and ears—will but see and hear, he will find that the current College Announcements are carrying a good deal more of homeopathic sail than they did two years, nay, even a twelvemonth ago. The splendid, much-vaunted opportunities for remnant and bargain-counter bargains in *our* city, and in *our* college, and in *our* hospital, and in *our* maternité for board and bed and laundry and prayer-meetings and purely platonic love-feasts and Christian talk and walk at fabulously low prices ; and the usual advantages offered (never gratuitously) by the *always* gratuitously advertised Y. M. C. A., have this year been shouldered off the center of the College Announcement, while Homeopathy—the real and genny-wine article—which had been playing farewell engagements throughout the land, and in Cleveland—is now again billed for the title rôle ! We hear this from the Atlantic seaboard ; we note it on the Pacific coast ; we learn it from the north and from the south. The preceptors as well as the colleges have awakened to the

dangers of last year. And the latest homeopathic bantling, the [new] Detroit Homeopathic College, puts Homeopathy forward as and for its leading card. Good!

If the ring of exultation has never before been detected in our writings, then we now and here plead "most guilty" to that "ring" when we observe, with each arriving mail, what our "exultation" editorials have brought about.

And now, we, too, close this incident and for good, with apologies to our learned brother of the *Medical Century*. He was very good to us at Atlantic City and we have a long memory. We took up his "dare," and having answered for ourself and our course in the secession-matter we gladly drop it and are "done quit."



### **Materia Medica Miscellany.**

Conducted by J. WILFORD ALLEN, M.D., 110 West 12th Street, New York.

References in this department are made by number. See issue of January 1 or December 15 of each year.

#### ***Diphtheria, Remedies in.***

Cobb of Chicago<sup>1</sup> remarks as follows:

In diphtheria, as in any other disease, it is necessary to individualize each case and to select the proper remedy for the individual. While a great many remedies may be required for different cases in their various stages, there are a few which are more frequently indicated, and therefore most frequently occur to our minds. Mercurius in some form is probably most frequently indicated for the stage of active development. When the glandular involvement is marked from the beginning I prefer the iodide, but with the usual developments of angry mucous membrane, grayish spots or film, œdema, fetid breath, low grade of fever, and marked toxæmia, the cyanuret is more serviceable.

Kali bichromicum has quite a different picture. Constitutional symptoms are not prominent and toxæmia is not profound; the pharynx, uvula, and tonsils are swollen, and look dark or purplish red. The false membrane is yellowish and thick; there is a large amount of tough, stringy, muco-purulent secretion; pain on swallowing is intense. Kali is frequently indicated

in the laryngeal type of the disease, whether the larynx has been primarily or secondarily involved; when the membrane invades the nares, kali is also one of our useful remedies.

Arsenicum covers many of the symptoms and conditions found in diphtheria; the profound toxæmia with great weakness, extensive œdema, pale, waxy face, offensive breath, excoriating watery discharges, vomiting, diarrhea, and scanty urination, are all good indications of arsenicum. When the inflammation begins in the nares with a thin, watery, excoriating secretion, painful deglutition, and sensitive lymph nodes, arsenicum iodide should receive our first thought.

Phytolacca is much more frequently indicated than prescribed. It is indicated in those cases which resemble follicular tonsillitis, when the membrane is not extensive and toxæmia is mild, but where pain, swelling, and glandular involvement is extreme. Deglutition is more painful than the severity of the inflammation would indicate; mucous secretions and saliva are profuse, the desire to swallow constant, nausea and vomiting persistent.

Many other remedies are to be studied, as mercurius cor. sub., apis and cantharis in nephritic involvements; strychnia, gelsemium, argentum, digitalis, and glonoine for the different forms of multiple neuritis, some one of which are sure to follow.

#### ***Robinia.***

Case given by Professor Halbert<sup>2</sup>:

Mrs. S., aged forty, came to my clinic for an obstinate stomach trouble which had affected her for many years; she had been through the routine of "bitter tonics," stomach douchings, electric massage—all to no purpose. She complained of acid eructations, and vomitings of "intensely sour food"; she had an extreme appetite, but suffered with some gastric pains an hour or two after meals; the stomach and bowels were distended with gas most of the time and flatulence was extremely irritating. She craved meats, but could not tolerate vegetables; her doctors had for the most part kept her on a diet which only caused greater burning and distress in the stomach; she really craved solid food, but did not dare take it. In appearance

she was emaciated and cachectic and one would think she was suffering with some organic disease. She was directed to eat meats and eggs, and to drink plenty of milk. Every other day lavage was performed on the empty stomach to relieve it of its acid excess and then she was directed to eat a hearty meal. Internally robinia 3x was given every two hours. The remedy and the treatment were continued for a long time, a decided improvement being manifest from the beginning. It is now six months since she came under our care. The acid eructations have disappeared, the vomiting has ceased; the bowels are regular; the anæmic condition has improved; she has gained in flesh and strength and calls herself a well woman.

The cure in this case can be safely attributed to the use of robinia and the symptomatic correction of the diet.

***Application of Carbolic Acid,  
Sloughing of the Finger from the.***

Dr. A. M. Vance<sup>22</sup> gives the following case, which shows how careful people ought to be in handling medicines they do not know anything about. He says: A servant girl came to my office with her hand wrapped up in a bandage. She said she had burned her finger slightly. I found that the ring finger was gangrenous down to the second joint. I questioned her concerning the matter, and she said her sister put some medicine upon it, being the same medicine which she had used for applying to an enlarged gland in a child's neck. I asked her what it was; she said it was carbolic acid. Her finger had been totally destroyed by wrapping up a slight burn in a solution of carbolic acid.

This is a common accident. I have known of several such instances in my experience. Carbolic acid is an anæsthetic and stopped the pain of the burn, but it destroyed the finger down to the point where it was wrapped.

***Subcutaneous Injection of Mercury,  
Deaths After.***

Mr. Hutchinson<sup>23</sup> has been informed of a very lamentable result from subcutaneous injection of mercury in syphilis. There is a mixture of metallic mercury with oil known as Lambkin's solution, of some considerable repute in army practice, and with which no accidents

seem previously to have been known. The surgeon who employed it had used it often with good results. On a certain day four soldiers suffering from syphilis were injected with the usual dose, all precautions being observed. Nothing unusual was noticed in the solution (which was freshly made), and when it was subsequently examined it appeared to have been properly mixed. Ten days later the men were injected for a second time from the same preparation. At varying dates, from ten days to a fortnight after the second injection, all had the most severe salivation. Ulcers formed in the mouth and throat, and there was in three cases very profuse diarrhea. Under the combined influence of the diarrhea and stomatitis two died. Of the two others one is convalescent, and the other still in a somewhat critical state from necrosis of the lower jaw.

[We would call this an excellent homeopathic proving.]

***Asparagin.***

—<sup>24</sup> says: Asparagin in the 3 dec. trituration in solution contributed, and in a relatively short time, to decided improvement in a case of cardiac trouble attended with arrhythmia, *i. e.*, with an intermission or cessation at every third beat, a noise in the mitral valve, a snoring respiration, continual dyspnoea, so that the woman had to lie with her chest considerably elevated, especially at night, but even this did not suffice to remove long-continued spells of coughing, accompanied with a retching up of tough mucus and with vomiting, and in daytime she was seized with violent palpitation of the heart at any exertion, as when going downstairs.

The patient, forty years of age, rather corpulent, of pretty regular menstruation, had in the preceding years twice suffered from an arthritic attack. After the second, there was a considerable œdematous swelling of the lower limbs. She had used numerous diuretics, as also copious doses of natrum salicylicum, and during all this the cardiac trouble had developed. The urine was sparing, dark red, and turbid. After several days' use of asparagin the symptoms had visibly improved, so strikingly, indeed, that she did not hesitate in presenting herself before her former allopathic physician. The symptomatic

image of the patient offered a close agreement with the pathogenesis of asparagus with respect to the thoracic organs, and this was demonstrated by the success.



### NUX VOMICA IN EAR TROUBLES.\*

By R. S. COPELAND, M. D., Ann Arbor.

**M**ORE frequently than we imagine, earache is doubtless a reflex from some gastric disturbance. Where the stomach symptoms and the condition of the tongue suggest nux vomica, it must be thought of in otalgia and otitis. The nature of the pain calling for this remedy is characteristic—it is *sticking*, as if a sharp instrument were thrust into the ear.

Another ear symptom which suggests nux is one which often occurs in the late stages of an acute rhinitis. Almost everybody who ever had a cold in the head has felt the most uncomfortable itching and crawling from the throat to the ears, as if an insect were creeping along the eustachian tube. This symptom is so annoying as to keep the patient awake at night.

In a general way, tinnitus aurium may be divided into sounds which are dry and those which are moist. The dry sounds, viz., tinkling, ringing, bell-like, usually indicate involvement of the middle ear itself. On the other hand, the moist sounds, such as hissing, bubbling, or splashing, indicate obstruction of the eustachian tube. The tinnitus calling for nux vomica is a hissing noise. It is associated with the variable deafness, which also indicates eustachian obstruction rather than middle-ear disease.

Another ear symptom which is a disagreeable one to the sufferer is the hyperacusis, the abnormal sensitiveness to sounds so conspicuous after the abuse of coffee. A patient has stated to the writer that a leaf, blown by the wind, could be heard to strike the house next door, a symptom which has persisted for hours after a cup of coffee at a church social. With the wakefulness and characteristic gastric symptoms, this acuteness of hearing indicates nux vomica.

While nux is rarely prescribed by otologists, it is undoubtedly a neglected remedy and one worthy of more frequent use in ear conditions.

\*Read before the Hom. Med. Soc. of Ohio, 1889.

### RESULTS OF MEDICAL LEGISLATION.

By S. C. DELAP, M. D., Kansas City, Mo.

**I**N glancing over the history of medical legislation it is not necessary to go beyond the year 1876, when the start was made by the American Medical Association during its meeting at New Orleans. It is true that the various States had laws in a manner regulating the incorporation of medical colleges, but these laws were in no respect different from those regulating the incorporation of other colleges and the creation of corporations in general. At this meeting it was argued that competition could be eliminated, both as regards a supposed excess in the number of physicians and the multiplication of the schools of medicine. In other words, it was fondly believed that the introduction of boards of health to control the licensing of physicians by the different States would leave the old school sole possessors in all matters medical. These were the motives that inspired the enactment of medical laws and the creation of boards of health. If such selfish motives, as an inspiration to the most persistent attempts in attaining its ends, terminate in good to the community and the profession, it is one of those accidental results that sometimes attend the actions of the most arbitrary and tyrannical.

This exotic in American soil took root most readily in the Southern States, and soon attained perfection, in that persons undesirable to the doctors already in a community found it impossible to acquire the necessary professional qualifications, and no homeopath was able to enter the sacred precincts. In fact, very few ever had the temerity to try. When the people, and a large number of homeopaths, awoke from the hypnotic sleep induced by the wave of the talismanic hand of the American Medical Association man, the original cast of these State board laws was more or less modified, till tolerance was secured. Few Northern States adopted any but the modified form of the law, and gradually the Southern States, by the volition of their citizens, modified those already upon the statute books.

It has been found that, both in the original cast and in the modified form of the law, the board is generally made up of what may be

denominated the political doctor. Not infrequently is he the embodiment of the euphonious combination, the "heeler" in politics and the healer of the sick. It is very generally the verdict of the community that the doctor who engages largely in politics should be avoided when sickness comes, and the reasons seem equally good that he should be eschewed when appointments are made to the State board of health, if the welfare of the profession and the community is taken into serious consideration. But we all know the facts. The "pulls" get the appointments here, as well as elsewhere. Such facts as these are of the highest consideration in estimating the results of medical legislation. A few were found who honestly desired legislation for the benefit of the community and the elevation of the profession; but such individuals were wholly unacquainted with the ways of the politician, and generally failed to secure places of real influence and power.

Under the rallying cry of higher fees and a decrease of the number of doctors, the irresistible wave of medical legislation gathered force till in its wake are found the evidences of its presence on the statutes of every State and Territory in the Union, save only that of Alaska and our newly acquired possessions. The legislature of every State in the Union has therefore succeeded in placing upon the statute books of the different States some form of medical legislation, and it ought to be an easy matter to observe reforms and benefits, if these have naturally followed enactments. The great variety in the laws ought also to indicate very readily the States that have derived most benefit from the laws enacted.

It was about the time of beginning medical legislation that the Philadelphia *Record*, through the matriculation and graduation of one of its reporters, exposed the celebrated Buchanan Medical College as one of the most gigantic frauds ever perpetrated upon the profession and people. It was also about this time that the most advanced medical institutions of the country, medical societies, and progressive physicians began to devise and urge methods of elevating the standard of medical education. These earnest efforts on the part of progressive physicians all over the country were greatly accentu-

ated by the Buchanan exposure and the unearthing of other frauds of lesser proportions. This period also witnessed the beginning of post-graduate work and the organization of institutions adapted to the needs of the physician who was only at liberty to take the time that might happen to be at his disposal for attendance upon such work and that might be continued at his volition. One doctor returning to his community, after a few or more months spent in getting the latest and best information to be utilized in treating the sick, rendered it necessary for his competitors to go and do likewise. The post-graduates and polyclinics of our principal cities have done vastly more for the advancement of the medical profession the last score of years than has been done by any other agency. All these facts must be taken into account in estimating the advances that medicine has made in the last two decades.

Where State boards of health have been endowed with limited powers and the membership has been recruited from the better elements of the medical profession, they have sustained the better medical colleges in raising the standard of admission and graduation. They have thus helped to lengthen the course of study, to give greater diversity to the course, and to make it more difficult to graduate without a fair professional knowledge. When these praiseworthy features are stated, almost the total sum of righteousness, that has been unduly magnified by old-school journals, has been placed upon the credit side of the health board's account.

In discussing the results of medical legislation a wide gap would have been left were the many evils of State-board legislation not pointed out. One of the great advantages claimed by many physicians as an accomplishment of State-board legislation, and often the only one, is the driving out of the quacks and the opening of the field to legitimate practitioners. It will probably be conceded by everyone who is informed upon the subject that the State most thoroughly protected by medical legislation is New York, while the Illinois law is one of the oldest, and is very generally regarded as the best. Let us see how the laws of these States protect the licensed physician who desires to do an honest and legitimate business, as against the advertiser, the



fakir, and the one who lays no claim to a knowledge of medicine. As the best source of information on this topic is the daily newspaper, seven cents were invested in a New York *Herald* of April 2, 1899, and a like amount in a New York *Journal* of the same date. Here is the *Herald*, with a large portion of one of its colored, illuminated pages telling of the wonderful virtues of Ayer's Sarsaparilla. The *Journal* takes a whole page to show how it was the glory of the reign of fourteen presidents of the United States. In this way a half million copies of prescriptions are scattered broadcast in the greatly protected State of New York, of Paine's Celery Compound, of Peruna, whatever that word may mean, and of various other nostrums that are prescribed by congressmen, governors, mayors, councilmen, lawyers, and preachers, men of great renown and those of little importance all joining in the chorus of recommending remedies, of whose composition they are ignorant, for diseases that they could not recognize. All this is done in New York, where to become a registered physician and to be permitted to write out a physician's prescription, or treat the sick, the man must be a student four years in medical college; must pass the examination of the faculty, and graduate; must then go before the Board of Regents of the State, and there, if he happens to be a homeopath, must pass still another examination before the representatives of both schools. After he has paid his college fees, aggregating two hundred dollars a year, for four years, and has paid the State board twenty-five dollars for its official sanction, he is then allowed, without danger of fines and imprisonment, to treat the sick. This privilege is allowed him in the contingency that a sick person is found who is not receiving free treatment at one of the numerous hospitals and dispensaries. These are supported largely by the State, partly by charitable contributions, and most effectively by the donation of medical and surgical services of those who feel obliged to do this kind of work to eke out a frugal existence. The hospital and dispensary doctors are also re-enforced by the very ones who have just paid all their hard earnings in sight to get those expensive qualifications in order to compete with the Celery Compound man and the Peruna

man, who do not have to possess any qualifications, medical or otherwise. The latter are never bothered with the calls of the indigent, or the night messenger, to arouse them from deepest and sweetest sleep, to meet exposure of all kinds. It costs much money, more hard work, and, in the case of those of limited means, still more self-denial, to get the necessary qualifications to become a physician and prescribe quinine or calcaria 200x, in the State of New York; while the Celery Compound man and the Peruna man can send out their prescriptions by the half-million for diseases of which they are wholly ignorant without heeding a single requirement. This is called raising the standard of the medical profession. To some, at least, it has very much the appearance of a very stupid fellow assiduously binding himself with cords that his enemy may come along and without any risk easily pound the life out of him.

But suppose the New York law be so modified, which need not be anticipated a single day before the ushering in of the millennium, that the proprietary medicine man be himself a physician, or at least place the management of his business under the supervision of a man who has met all the arduous requirements of the State, how long need he be without the services of one who possesses all the needed qualifications for the paltry sum of fifty dollars a month? There are scores of railroad surgeons ready to snap at such a job; and the company physician, whose name is legion, has been so long accustomed to jobbing his professional knowledge on the wholesale plan that the greatest difficulty would be in making the selection from among so many applicants.

If anyone is so deceived regarding the real facts as to suppose that the profession is conducted on a higher plane in New York than in other States, and that the mountebanks and dishonorable have been banished, he need only glance over the Sunday edition of the New York *Herald*, the *Sun*, the *World*, or the *Journal*, to learn of his mistake. Here are some of the samples culled from those of Sunday, April 2, 1899 (Easter Sunday):

**ALL DISEASES AND ERRORS OF MEN.**—Health, vigor, and manhood positively restored by Dr. Spreng, Eminent Specialist and Author. Late member of New York Academy of Medicine. He has made DISEASES OF

MEN the study of his life ; his long experience and unflinching skill assure a quick and permanent cure ; eradicating every vestige of disease—not treating symptoms—but going to the root of the evil ; letters promptly answered ; located 26 years, 143 West 22d St., 6th and 7th Aves.

Hours 10 to 9. Advice and medicine, \$1.

**AFFLICTED.**—OLD DR. GREY, 45 years specialist in diseases of men only ; quickest permanent cure guaranteed in all diseases peculiar to men, blood poison, skin diseases, kidney and bladder trouble, weakness, nervous debility, youthful errors, weak, undeveloped organs, impediments to marriage ; consult OLD DR. GREY first ; he is the oldest established and the longest in practice of any specialist in this city ; office over 35 years at 120 East 17th St., near Union Square ; hours 9 to 9 ; Sundays 9 to 3 ; scientific treatment ; advice free ; medicine only 50 cents.

**QUICKEST PERMANENT CURE** in diseases of men ; dangerous cases solicited ; relief at once ; those desiring only first-class scientific treatment should call. The leading specialist, DR. BONSCHUR, 127 West 22d St. 9 to 3, 7 to 9. Sundays 10 to 1.

**DR. KANE**, 102 West 43d St. ; all female diseases, complaints, and irregularities scientifically and skillfully treated ; absolute success and safety guaranteed ; advice free ; consultation hours from 9 A. M. to 7 P. M.

**ADVICE** free, Dr. Thompson, specialist, 35 years' experience, successfully treats female irregularities ; longest cases relieved or no charge ; positively painless ; safe. 214 West 25th St.

**ELECTRICAL** treatment for female irregularities, \$10 ; success guaranteed ; consultation free ; Dr. Cook, 260 West 38th.

**MRS. ROTHKRAZ**, 30 years' experience, midwife, specialist all irregularities ; never-failing methods ; painless, success guaranteed or no charge ; consultation free ; doctor attendant ; mother's care ; confidential. 219 7th Av., one door below 23d.

**MRS. STACK.**—Irregularities confidentially treated ; doctor's care ; boards ladies ; moderate ; perfectly private. 241 West 34th.

**DR. MRS. REINHARD** treats female irregularities ; safety guaranteed ; 30 years' experience. 711 7th Av., near 48th.

**WE** positively cure all female irregularities or return money ; regular physician ; 30 years' experience ; consultation free. DR. and MRS. AMES, 144 West 23d St.

**ATTENTION!**—OLD DR. GRINDLE, GRADUATE UNIVERSITY OF THE CITY OF NEW YORK (MEDICAL DEPARTMENT). 35 years a specialist in diseases of men only. Under OLD DR. GRINDLE's superior treatment all blood and skin diseases, pain in bones, red spots, sore throat and mouth, ulcers, painful swellings, etc. ; kidney and bladder complaints, irritation, scalding, inflammation, gravel, etc. ; weak, undeveloped organs, weak back, lost vitality, absence of will-power, impaired memory, sleeplessness, and all diseases resulting from excesses, indiscretion, or overwork, whether recent or old, are speedily, thoroughly, and permanently cured. ARE YOU SUFFERING FROM ANY DISEASE PECULIAR TO MEN ? If so, do what thousands of others have done, go to OLD DR. GRINDLE and get cured. The longest-standing and most obstinate cases soon yield to OLD DR. GRINDLE's skillful treatment. He has had more experience in treating diseases of men than any other advertising physician in New York. Over 35 years a specialist, over 15 years in the same office, 171 West 12th St. All men wishing to marry should consult OLD DR. GRINDLE. Every impediment is absolutely re-

moved under his scientific treatment. Others may fail, OLD DR. GRINDLE always cures. Therefore, sufferers wishing speedy relief and sure cure should consult OLD DR. GRINDLE, whose long, extensive experience enables him to apply the proper treatment at once, without useless experiments, thus saving the patient much time, anxiety, and expense.—OFFICE over 15 years at 171 West 12th St., between 6th and 7th Aves. Advice free ; medicine \$1. Hours 9 to 9 ; Sundays 9 to 3.

**BLOOD POISON A SPECIALTY.**—Primary, Secondary, or Tertiary BLOOD POISON permanently cured in 15 to 35 days. You can be treated at home for same price, under same guaranty. If you prefer to come here we will contract to pay railroad fare and hotel bills and make no charge if we fail to cure. If you have taken mercury, iodide potash, and still have aches and pains, mucous patches in mouth, sore throat, pimples, copper-colored spots, ulcers on any part of the body, hair or eyebrows falling out, it is this Secondary BLOOD POISON we agree to cure. We solicit the most obstinate cases and challenge the world for a case we cannot cure. This disease has always baffled the skill of the most eminent physicians ; \$500,000 capital behind our unconditional guaranty. Absolute proof sent out on application. Address COOK REMEDY Co., 1368 Masonic Temple, Chicago, Ill.

From the Chicago *Inter-Ocean* :

**DR. IDA VON SCHULTZ**, 104 Wells St. Never-failing treatment of monthly irregularities by my entirely new Indian method ; success guaranteed ; 23 years' practice ; comfortable private home.

**DR. EMMA HELLWIG**, graduate physician, Berlin and Paris ; 351 Wells St. ; irregularities by superior Paris process of treatment ; no operation ; no pains ; no bad after-effects ; success guaranteed ; private home ; hours 9 to 4 and 6 to 8.

**DR. HORTENSE CORNELIUS**, 301 Wells St. Good private home for ladies before and during confinement. Treats all female diseases successfully with painless method. Those dissatisfied with other doctors elsewhere come and see me. Infants adopted ; terms reasonable.

**WEST END SANITARIUM.**—FOR LADIES EXPECTING confinement ; prices and accommodations suitable for rich and poor ; 22 years' experience ; first-class physicians ; correspondence solicited, infants adopted. DR. TAESCHLER, 358-360 West Randolph St.

**DR. LOUISA HAGENOW**, LICENSED PHYSICIAN.—Tumors, female irregularities, etc. ; new scientific method ; painless ; no operation ; never fails of good results ; 27 years' exp. ; private home. 330 East Division St., near Wells. Office hours 10 to 4, 7 to 8.

And even a homeopathic pharmacy seems to have imbibed the overshadowing desire to supplant the physician, and in its spasm of generosity thus announces in the *Inter-Ocean* to the protected citizens of Illinois its method of treating all the "common diseases" "successfully."

**H**OMEOPATHIC REMEDIES.—158-page book free. WORTH ITS WEIGHT IN GOLD, YET YOURS FOR THE ASKING. No family can afford to be without this valuable book, HALSEY'S MANUAL OF HOMEOPATHIC MEDICINE. Tells you just exactly what you want to know ; how to recognize and treat successfully common diseases without the use of strong drugs. Your address on a postal card

brings it, or call at HALSEY'S HOMEOPATHIC PHARMACY, 65 Washington St., Chicago.

Might it not be as well to give up the pursuit of this ignis fatuus of protecting the profession by State boards and give a little more attention to the enactment of laws that will not permit three persons, irrespective of education, morality, or rightful purpose, to start a medical college at any time it may suit their inclination? Would it not be better for us as physicians and as a profession to give more concern to ourselves in a better educational and professional equipment and thus be better prepared for the weeding-out process that nature ruthlessly enforces by the "survival of the fittest"? If we concentrate our attention a little longer on fencing up the various States by board laws that do not permit trespass by any outside physician, we are likely to be rudely awakened from this hypnotic sleep of protection by finding the proprietary medicine man largely in possession of what remains of our former domain. Let us wage the warfare against enemies, and not against those who should be friends.



### APPENDICITIS MAXIMS.

By M. O. TERRY, M. D., Utica, N. Y., Ex-Surgeon-General State New York.

**R**EMEMBER that constipation and irregularity of the bowels are the factors to be considered, and that diarrhea is simply an effort on the part of nature to relieve impaction, congestion, and inflammation.

2. That cathartic medicine in some form should be administered at once, but that half an ounce of castor oil and same quantity of sweet oil is to be preferred, followed immediately by a glass of hot water, which dose is to be repeated in three hours unless a thorough evacuation has been induced.

3. That the condition of the bowels desired is a stool free from hard lumps and yellow in character.

4. That morphine or opiates in any form should *never* be given in any state of the difficulty, as it smothers symptoms and arrests the peristalsis of the bowels, a condition found in impaction, which at times nature tries to relieve by diarrhea.

5. That for *pain* speedy relief is obtained by repeated hot flaxseed poultices covered with hot sweet oil or applied to the abdomen before the poultice. Also that enemas of half a pint of sweet oil, followed by soap or soda water in large quantities, are useful.

6. That in sharp attacks the high or colon enema should be given, and at times the patients should be placed in the Trendelenburg position.

7. That glycerine and water, in the proportion of 1 to 4, is to be used at times to dissolve impaction.

8. That food in acute attacks should be omitted and only water allowed and that freely. Later, oatmeal gruel strained, milk peptonized, mutton or chicken broth with strained rice gruel.

9. All of the above suggestions should be carried out as indicated, vigorously, systematically, and perseveringly.

10. The remedies used throughout, as indicated, are: Aconite, veratrum vir., belladonna, bryonia, phenacetine, calomel and soda tablets, pulsatilla, and arsenicum. Tinctures are given in doses graded to the inflammation and idiosyncrasy of the patient in hand.

11. The calomel is given for two purposes in conjunction with the soda: (a) For its cathartic effect when the castor oil cannot be taken. It will be necessary in these cases to give from two and a half grains with three times the amount of soda, followed by a glass of hot water, to five and occasionally ten grains.

- 12. (b) For chronic recurrent appendicitis with marked thickening, and plastic exudate into the surrounding tissues.

13. If you ask when to operate, I advise following the indicated line of rational surgery. If the quick pulse and pain does not subside speedily, or show improvement within a few hours, it will be good surgery to operate—if the patient will allow you to do so. If they do not, continue the "Oil Treatment" *vigorously*.

14. The easily diagnosed pus case requires speedy surgical attention.

15. That half an ounce of sweet oil followed by a glass of hot water, taken half an hour before meals, should be continued until pain or soreness ceases, which may be three months. As improvement ensues take two doses a day, and finally one.—*N. Y. Med. Times*.

## Correspondence.

LINCOLN, NEB., August 15, 1899.

FRANK KRAFT, M. D., *Editor*:

The Atlantic City meeting of the American Institute was admittedly one of the greatest and most satisfactory meetings of its history. This was the result of the more thorough appreciation by the profession of its debt to the Institute for the past, and a recognition of the possibilities of the future.

No business prospers that is only furthered by periodical spasms of interest. There is the necessity for a watchful persistent work twelve months in the year. The business of the American Institute is no exception to this rule. The present officers of the Institute desire to be faithful to their trust to the very last minute of their tenure of office, that they may be able to place the Institute in the care of their successors strong and well equipped. Now, as in the earlier part of the year, this is only possible by the faithful help of the individual members. During the remaining five months of 1899 the canvass for new members should continue, each member being loyal enough to determine to secure at least one application for membership. This can easily be done, and we appeal to the Institute membership to give their attention to this promptly.

Application blanks may be secured of the Secretary, Dr. Eugene Porter, 181 West seventy-third Street, New York City, N. Y., and when filled should be sent with the necessary seven dollars to Dr. Geo. B. Peck, Providence, R. I., Chairman of the Board of Censors.

And yet, after all, what does it profit a society if we enlist new blood only to lose each year nearly as many who have only joined from chance or some circumstance of social interest? We appeal to the "old guard" to stand firm, not merely retaining their membership, but keeping in close touch with the officers and committees of the Institute and doing continual missionary and organization work in their respective localities. We want every present member of the Institute to remain in the work. We want applications and fees for 500 new members in the hands of the Board of Censors by January 1,

1900. So easily done if each one does his duty!

To foster this work we request that those who have been faithful members of the Institute give to the Medical Press in a few words the reason for their faith and loyalty. We are sure that the journals will be more than glad to give space for hundreds of such short twenty- or thirty-word letters. You love the old Institute, tell your fellow why! Arouse his interests, push the work along. *Don't wait.* Write that word *at once.*

This is a work the body of the Institute can prosecute. That the committees will vigorously execute the detail of committee work we have no question; but there is a work resting in the hands of one committee that cannot be carried to successful completion without the aid and abettment of the individual; this is the work of the Hahnemann Monument Committee. A monument already completed and ready for erection in Washington, that noble Capitol City of our land. A work of art second to none. When erected, a constant reminder to an ever passing public of our honor and gratitude to the father of our faith. An argument stronger than words for the strength of our school, and such an example of art that he who sees cannot forget, and remembering he thinks again and gratefully of you, of me, of all that school of medicine that through their love and loyalty have given such a gift of love to the people.

Would we be known and respected throughout the length and breadth of the land, we must write our history and work on the public scrolls. This committee, under the direction of the American Institute and the encouragement of the profession, contracted for this work. The Monument Committee have done their work and done it well, and now ask you who gave them your work to do for the necessary amount to meet their liabilities so that this monument may be erected, free from debt, early in 1900.

The committee will make a most vigorous canvass during the fall—the money must be raised—it will be raised. We know enough of the personnel of our profession to rest assured that early, yes, easy response and success await the work of this committee.

Proud of your inheritance, anxious for the per-

petuity of the memory of your benefactor in the faith, lay aside something for this work.

Fraternally,

BENJAMIN F. BAILEY,  
President American Institute of Homeopathy.



## Book Reviews.

**THE ESSENTIALS OF HOMEOPATHIC MATERIA MEDICA AND HOMEOPATHIC PHARMACY.** Being a Quiz-Compend upon the Principles of Homeopathy, Homeopathic Pharmacy, and Homeopathic Materia Medica. By W. A. DEWEY, M. D., and Professor of Materia Medica University of Michigan, Homeopathic Medical College, etc. Third Edition, revised and enlarged.

**THE TWELVE TISSUE REMEDIES OF SCHÜSSLER,** Comprising the Theory, Therapeutic Application, Materia Medica, and a complete Repertory of these Remedies, Homeopathically and Bio-Chemically considered, by WM. BOERICKE, M. D., and WILLIS A. DEWEY, M. D. Fourth Edition, rewritten and enlarged.

Both these books are old favorites with the profession and need no extended notice at our hands. The *Essentials* has been recast in many parts and about eighty pages more of matter added to its last edition. It preserves its former compact form, notwithstanding the additions already referred to and other revisions which have been made. It still follows the original question and answer, which has made this and its companion book the college favorites.

*The Tissue Remedies* from the pens of these two homeopathic authors is so well established that we have nothing to add beyond our usual recommendation that the homeopath without this book will miss a great deal of value in the treatment of his cases—information that he will not find in other of our materia medica. This system of medicine, when thoroughly understood, as these eminent authors explain it, is very attractive and a wonderful aid to the practitioner. Not least among its practical things is the admirable arrangement of its Therapeutics and the succeeding Repertory. In expectation of soon preparing a paper on natrum mur. we hunted through the mass of our homeopathic literature for some points of information which

we knew we had somewhere read in the times past. At last we picked up *The Tissue Remedies* and there, to our great joy, we found the information for which we had spent hours of fruitless search in our other books.

Both these books, as might be inferred from their popularity, and numbers of editions, issue from the press of Boericke & Tafel. They are, therefore, well printed, well bound, and excellent in every mechanical as well as homeopathic sense and detail.

**A PRACTICE OF MEDICINE.** By H. R. ARNDT, M. D., Formerly Professor of Materia Medica and Therapeutics, and Clinical Professor of Nervous Diseases, Homeopathic Medical College, University of Michigan; Member of the American Institute of Homeopathy; Corresponding Member of the Massachusetts Homeopathic Medical Society; Ex-President of the Michigan State Homeopathic Medical Society, of the Western Academy of Homeopathy, of the California State Homeopathic Medical Society, of the Southern California Homeopathic Medical Society; Editor-in-Chief of Arndt's System of Medicine; Editor of the Pacific Coast Journal of Homeopathy, etc. Philadelphia: Boericke & Tafel. 1899.

This excellent book of over 1300 pages, which looks like the life-work of any one man, was received by us early in the year, and a passing notice of its receipt printed in these pages. Press of other work, especially that connected with the American Institute of Homeopathy, caused us to defer this review in hope of having a better moment or two in which to do its excellences that justice which they deserve at the hands of every homeopathic reviewer; but the moment does not come. We know, however, that the delay has caused this book no injury, since we have seen other journals which have reviewed it, and all unite in declaring the work one of imperishable value. We, who have been repeatedly tempted by others to put our pen to paper and add one more book to the already overburdened book-shelf, always wonder, when we see so large and painstaking a volume as this, how a busy practitioner finds the time in which to put so much on paper—and, that, too, of interest.

The book, however large it may seem at first glance, is so admirably arranged that it is as handy as a pocket in a shirt. It is divided into

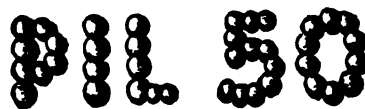
eleven grand divisions, each such division devoted to a consideration of all the diseases of that special division. For instance: Specific Infectious Diseases; Constitutional Diseases; Diseases of the Nervous System (which, by the way, is an exceptionally fine one); Diseases of the Muscles; Diseases of the Digestive Organs, etc. Then each such grand division is minutely subdivided. So that the special diseased condition of which the general practitioner is in search may be readily found and understood.

Those who have read after Dr. Arndt in his former works, practically on the same subject, though far more limited in scope and research, will not need to be told that his pen has lost none of its attractiveness, and that his argument is as trenchant and convincing as of former and earlier times. His description of the diseased condition is always clear and terse, with no unnecessary redundancy of speech, and his topic is brought down to the moment of publication. He writes, of course, for the homeopathic profession, but no allopath will find aught in these pages to cavil at, and will find many things to commend. This is especially true of the descriptive parts, having relation to the forms and appearances of the disease under discussion, as well as the treatment, aside from the distinctive homeopathic therapeutics. And even here, in this holy of holies of our school, there is never a trace of fanaticism or intolerance; but always a fair tendency to be reasonable and just, and to bring about conviction and conversion from the coarser methods of the old school to the milder methods of the homeopaths.

We have browsed in these pages for many a spare hour and have so far found naught to be hypercritical about nor even ordinarily critical. The text is well prepared; it shows in every page care and study of a scholar, of one to the manner born. There is a calm and studious revision and review of all the modern theories in medicine, not least among these the bacteriological addenda. Dr. Arndt handles this part of his work with rare judgment and skill. He is absolutely honest in his description of its reputed value in the causation of disease; no bacteriologist will find cause to be dissatisfied with its presentation. The treatment, wherever we have turned to its

pages, has been homeopathic. The Division on Nervous Disorders ought to be read a second and even a third time, for it is most thoroughly considered and treated. When the general practitioner remembers how difficult it is to follow for a few pages some of the text-books on this specialty he will appreciate our notice to him, that in Arndt's Book the subject is put into living, every-day language, that may be read by those who are not and have no thought of being nervous specialists.

And if we may sum up its excellences in a paragraph it would be to this effect: that Arndt's *Practice of Medicine* is the best work on this subject to this moment of writing; that it is a clean book, in that it is free of objectionable references to other schools of medicine; that it is homeopathic, the author never for a moment forgetting his homeopathic training with a firm and steadfast faith in homeopathy; that it is concise and very clear, so that everyone touching its pages will be refreshed and instructed; that it is the consummation of all the best knowledge on *Practice* in all the schools; and that it is from the famous homeopathic book-publishing firm Boericke & Tafel, whose imprint upon any book is the "hall-mark" of homeopathy, and means the very best on that subject that can be found in our profession. If this paragraph doesn't say that we admire and recommend the book from the bottom of our homeopathic heart, then we here and now do so declare.



#### *Sport and Philanthropy If Properly Viewed.*

According to the *Lancet* for July 22, the Duke of Westminster has presented the sum of £10,000, the amount won by his horse Flying Fox in the Eclipse Stakes at Sandown Park last week, to the Royal Alexandra Hospital, Rhyl, of which his Grace is president. The *Lancet* commends this excellent example to other owners who race for love of the sport and not for "filthy lucre."—*N. Y. Med. Jour.*

[Evidently the *New York Medical Journal*

does not regard this as any very creditable example of philanthropy. And so say we all of us. If we adopt the reputed jesuitical axiom that the end justifies the means, then perhaps good may come of this practice. It reminds us of those genteel gambling parties, participated in by our good lady friends, progressive euchre and other sinful games, where all the stakes are donated to some hospital or charitable institution. In the early history of the Christian Church there is record of one zealous titled woman, who worked her ocean passage in the worst conceivable way—as viewed in to-day's light—in order that she and her female companions might be landed at some distant island there to assist in the propagation of Christianity and—virtue. Again, if his Grace had been an ordinary commoner dependent upon his daily work for his bread and taters, then the giving of this sum to any Charity might be construed into a virtue. And yet the sum is a large one—and covers a multitude of sins.]

#### *Pins in the Appendix Vermiformis.*

Osler, in ten years' experience in Montreal, found foreign bodies only twice; in one instance five apple-pips, and in another eight snipe-shot. The most common foreign bodies have been gall-stones, round worms, spicules of bone, bristles, and pins. Pins have been especially frequent. Mitchell has collected twenty-eight cases in which a pin was found in the appendix at operation or autopsy, together with two instances in which a pin had perforated the cæcum. It seems remarkable that in no single case was there any knowledge of a pin having been swallowed. Contrary to what might be expected, they occurred more frequently in males than in females (males, seventeen; females, nine). The resulting appendicitis was of a very variable type. In some cases the symptoms were mild, leading to chronic appendicitis, with recurrent attacks, or with long-continued pain, and, perhaps, finally ending in an abscess formation following the first appearance of symptoms.

The pin entered the appendix by its head or point, and, except in one or two instances, where it lay directly across the lumen, it was straight, with its long axis parallel to that of the appendix.—*Charlotte Med. Jour.*

[Comment seems unnecessary, except perhaps to add that when a man's born to be drown-ded he will not die from hanging. If it be true that

gall-stones and bits of tape-worm may excite appendicitis, then what use to be so awfully careful about collar buttons, pennies, cherry-stones, and seeds of small fruits?]

#### *The Teaching of Life Insurance Examinations.*

The business of insurance is growing, as is shown by the fact that one company issued seven million of insurance on the sixth day of July and another company received six hundred and thirty applications on the same day, while a third large company is still to be heard from, not to say anything about the forty odd other regular companies and the host of assessment and other associations. All these applicants were subjected to a medical examination. Supposing, for instance, the six hundred and thirty applicants cost the company five dollars each. The examiners must have received three thousand one hundred and fifty dollars for examining them alone. One can easily calculate what the seven-million cost if each policy was five thousand and each examination three to five dollars. Think of it, doctors, and managers of medical colleges! Why not prepare yourselves and your students to receive some of these benefits? Get up and be at it, all of you! And remember that while you are preparing yourself for insurance work, you are also preparing yourself for greater excellence in your private practice, as well as in ability to examine cases in the army, navy, pension boards, civil service, and in every sphere where examinations are required.—*The Medical Examiner.*

This is a far better way, it seems to us, to become insurance examiners, than by pestering the insurance companies with questions as to why they do not employ homeopaths. There is no doubt that in many instances the company medical director is a churl whose prejudice will not permit him to think. But in the majority of cases, we believe, if the medical man shows himself proficient, he will be employed. Anyway it is worth trying, for even if no medical examiner's place is open for you, the added knowledge, as *The Medical Examiner* says, will enhance your value as a practitioner.]



Dr. Felce in *Brit. Med. Jour.*, reports the cure of a persistent cure of hiccough by giving a cardiac stimulant consisting of one-half dram of pure ether in a little water.

## Globules.

**Dr. J. H. McClelland** of Pittsburg was last heard from at Chateau Frontenac, Quebec.

**Dr. W. A. Dewey** is rustivating in his Vermont fastnesses. His address is Middlebury, Vt.

**Dr. Joseph T. O'Connor** will remove on September 1, from 18 West Forty-third to 29 West Forty-fifth Street, New York.

**Dr. C. E. Fisher** is temporarily at work in Little Rock looking after the practice of Dr. W. E. Green, who is still not wholly recovered from his recent illness.

**How** is it that Hahnemann Monument Finance Committee progressing? Can they promise us the unveiling of the Monument in Washington in 1900? And again we ask where has the Ladies' Hahnemann Monument Fund disappeared to?

**The Book Review** man of the *Minneapolis Homeopathic Magazine* got things somewhat cajummuxed when he tried his hand on Arndt's *Practice of Medicine*. He put the date of it at 3989, and the number of its pages at 289. But, like all the other homeopathic Reviewers, he has naught but good to say of the book.

**The strike** is still on in Cleveland. Its latest phase is an attempt of the strike-sympathizers to create a boycott against every merchant and business house who has recently signed a paper prepared by the Chamber of Commerce, denouncing the former and still feebly existing boycott as unAmerican and ungodly—or words to that effect. As one of our morning papers shows, this later boycott, carried out to the full, would speedily shut up the shops and factories, and thus throw the laboring man out of work. And our mayor is away fishing!

**Now** about this time prepare to receive a small hatful of College Announcements soliciting your patronage. This, then, is also a good time to examine the promises made by the colleges, and note whether they are worth the paper they are printed on; or whether they are the same bird's nests that have been doing duty for years past. We hope some day to see a real *medical* College Announcement which will travel on its medical side, and not on the Y. M.

C. A. and church privileges. Many changes are apparent, and possibly in due time even the preacher element will be allowed to drop out and the true medical element substituted.

**The Clinical Reporter**, in its last issue, becomes the official mouthpiece of the Homeopathic Medical College of Missouri, by printing its Announcement in full. If this is what the *Clinical Reporter* has come to, then we are able to prophesy as to its continuance as a public homeopathic journal. But we won't. It isn't fair to make the subscribers pay for the printing and circulating of the College advertisement. Possibly the subscribers don't pay it.

**We** expect the *American Monthly Review of Reviews* to keep us abundantly and accurately informed of the Dreyfus case. We read the daily papers. But who that does much of this will not in time throw them down in impatience because of their tiresome repetitions and contradictions? The *Review*, however, when it presents the case to its readers is a tribunal of last resort and its decisions may be accepted. Its monthly copy of the world's cartoons keeps one in touch, by the eye at least, with all the prominent phases of the world's fun- and mischief-makers.

**The Missouri Valley Homeopathic Medical Society** will hold its next annual session at St. Joseph, Mo., the first week in October. On account of the Omaha meeting of the American Institute last year the Missouri Valley had no annual session. It is, therefore, anxious to have a rousing good time this year. Dr. McElwee is President. (We publish this notice, having copied it in substance from the *Homeopathic Recorder*. We have not received any notice from the Society. But we want to help the "boys" along a bit, even if they forget the AMERICAN HOMEOPATHIST with their notices.)

**The Paris Exposition** will be a time to see the whole world. Contrary to most expectations there will be an abundance of rooms and meals, if not left to the last moment; but it is wise for a stranger, in a strange land where he knows neither the customs nor the language, to put himself in a company of congenial spirits, where he will be relieved of all care and responsibility, and make the trip one of pure delight.



This editor has been at work since his return from Europe in 1896 upon a new tour for doctors and their friends to Paris in 1900. Join his club, have a good time, have but little to pay, all to say and see and no worry. Apply at once for membership, and thus be assured of a good place on board the steamers, and comfortable quarters abroad.

Those members of the American Institute who took part in the discussions at Atlantic City, and who have not yet returned the copy of discussions sent them for correction, will please do so at once and send to Dr. E. H. Porter, General Secretary A. I. H., at Upper Lisle, Broome County, N. Y. We have kept the copy in our hands as long as we dared. We hope also that these dilatory ones will not be so ready next year to "jump on" the General Secretary for the lateness in the appearance of the Transactions. If we should publish the names of those who have thus far failed to return their corrected copy, it would create a good deal of speculation as to the motive of withholding the same. If these members do not return the corrected copy to the General Secretary they will be estopped from complaining that the stenographers did not properly report them.

The announcement of the Detroit Homeopathic College has arrived, giving the full faculty and the usual commonplace information in all such cases made and provided. Dr. D. A. MacLachlan is Dean, and Dr. R. C. Rudy, Registrar. The argument advanced for its *raison d'être* is that so many Michigan homeopaths are being educated outside of Michigan, who ought to be and can be done just as well, and certainly much more cheaply (referring to expense of living, etc.), in Michigan. One very strong point is its teaching of homeopathy and *materia medica* from the student's first entrance into the school until he is graduated. There is no doubt but this is the proper way to make good homeopaths. Professor Samuel A. Jones, M. D., of Ann Arbor, is one of the professors of *Materia Medica*. And there is not to-day a better posted *materia medica* man than Professor Jones, with possibly two or three exceptions, in the United States. Our old friend Obez looms up as Professor of Surgery, with an associate in Dr.

Stephen H. Knight. But having said this, we have exhausted our personal knowledge of the faculty—of course also including MacLachlan. There are others in the roster, younger men who are known to us as good students and able practitioners, but who now appear for the first time as professors. The annual fee is but sixty dollars. The college has ample hospital facilities.

Dr. J. N. McCormack, Secy. of the Kentucky State Board of Health, gives notice that hereafter his Board will refuse to recognize, as a basis for certificates to practice medicines, diplomas from any medical college which does not, in good faith, comply with the requirements of the American Medical College Association, the American Institute of Homeopathy, and the American Eclectic Medical College Association, respectively, both as to preliminary education and four years' course of study. This means that no school that graduates three-year students will be recognized in this State hereafter.

By some means best known to the crooked fakirs of quack medicine our name found its way into the books of the Free-to-Men gang of swindlers in Michigan. After being pestered with circulars and free prescriptions, and promises of electric belts and the like truck for a year we succeeded in putting a quietus to the stuff. Now, however, the Erie Medical Co. of Buffalo has discovered us and sends us a flattering proposition which, if accepted, will cure us permanently in a few weeks of all the usual troubles for which this class of swindlers are allowed to fill the mails with their dirt. We would suggest some more additions to the New York Medical Examination Board, so that honest doctors will be kept out and these blackleg concerns given their places.

If President Bailey doesn't watch out the first thing he knows his recommendation of Somebody's Sanitarium will be put on the back of a greenback and circulated much more widely than now. Then he will never be in line again for any office in the American Institute of Homeopathy. This whole-hearted recommendation of any man or institution, while President, will be chalked up against him as an undignified use of his presidential office. We have

no quarrel with the Sanitarium recommended; it is first-class in every respect; nor have we any quarrel with the President. But we have listened to the murmurs here and there. And besides all, that were we not blacklisted and lettres-decachet-d for practically the same thing?

**Medical Debates** continues to be a newsy all around medical-hygienic-physiological journal, meeting with much success. Its editor, Dr. Clarke of Indianapolis, wields a well-balanced pen.

**Scribner's** issues with a new colored cover each month, which of itself is a work of art and attractive. Frost's pictures are, as usual, strong pictures, apparently taken from life. One is never left in doubt of their meaning.

**Prolonged Treatment.**—A writer in a medical journal describes a case in which a fecal accumulation was made to disappear by an injection of glycerine *per annum*. The number of annual injections required is not stated.

The most striking feature of the September issue of the *Century* is the Salt-water number in which occurs a bright and lively paper, by Capt. Joshua Slocum, entitled "Sailing Alone Around the World." This daring navigator traversed a distance of forty-six thousand miles. It reads almost like one of Jules Verne's famous fictions.

The colored plate which each week comes with *Harper's Bazar* is of great interest and value to the ladies of our household. Our young daughters find plans and specifications and blue-print drawings in that awfully puzzling sheet of interminable lines and lines and more lines from which to build the patterns of their dolls' clothes. An interesting *Weekly* at all times.

**Lippincott's** needs no special commendation from our pen at any time of the year. It is always first-class, and at some months is even better. *Fortune's Vassals*, one of its recent complete stories, was good and so was its predecessor *The Fox Woman*. We sorely miss, however, in the New Lippincott, the old fashion of giving a half-dozen pages at the back, of cuttings from other magazines and journals, witticisms and the like.

**Significance of Staring Eyes.**—Dr. Lehman states that if the patient keeps his eyes

completely or partially open during the chloroform narcosis, and opens them whenever you try to close them, you can expect some accident, more or less severe. This phenomenon was noted twenty-one times in three hundred and twenty-nine anæsthesias, and in each one there was either continuous vomiting, arrested respiration, peculiarly protracted agitation, or asphyxia and syncope, requiring artificial respiration.—*Ex.*

**Musical people** [says Dr. Rose in the *N. Y. Med. Jour.*] will tell us many things which they imagine they hear or see depicted when listening to a sonata or some other musical work. Something similar happens to my esteemed critic when he hears the dearly beloved word appendicitis. Dr. Ellis may kindly allow me to complement his interpretations. Appendix and appendicitis may mean or concern, indeed, a great many things, just as "L" may mean elevated railroad.

There exists a German students' song about a dog whose tail had been cut off (*Es lief ein Hund in das Refectarium, Observatorium, Laboratorium, Conservatorium*). We learn by this song how many things can be understood by appendix: we may, for instance, mean *cauda communis* by it. If the word has a right to exist, there can be no objection to calling gonorrhea appendicitis; we should then only have to define which appendix was meant.

In our issue for March 25th, says the *N. Y. Med. Jour.*, we cited from the *Grèce médicale* a story of a fraudulent charge of rape in which the girl, to rupture the hymen, had passed an egg into the vagina, where it was discovered and broken in the process of examination by the physicians. The *Medical Age* for July 10th quotes the same story from a French source and remarks: "If the egg had been fecundated, and it had been allowed to take its course to maturity uninterrupted in the vagina, there is no telling what interesting questions in legal teratology would have arisen."

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#### The American Homeopathist.

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# The American Homeopathist.

SEPTEMBER 15, 1899.

FRANK KRAFT, M.D., CLEVELAND, OHIO, EDITOR.

## UNWARRANTED ACTION OF MEDICAL FACULTIES.

IN the Announcement of several of our medical colleges there appears a clause stating that the faculty reserved the right to determine whether any student shall pass from one grade to another, and whether he shall be entitled to a degree or not. We quote this with credit for good intentions; but fail to appreciate the need for publishing all the things a faculty will not permit a student to do. This would easily fill several books. It would be better to say what things the college required of each student. The publishing of this declaration carries the implication that it had become a necessity, since so many of its former classes had been addicted to the doing of those things now, at last, publicly forbidden, that these exemplary and disciplinary measures had been invoked. Some things, even in a medical college, are taken for granted, and require no special act of Parliament. As well might a college announce that it reserved the right to kick out, without notice, and with intent to do great and lasting bodily harm, any scoundrel, who, having first broken into the sanctity of the faculty room or its college buildings, had torn up its axminster, sawed off its lead pipe, set fire to the faculty's coat-tail, picked the pocket of the registrar, or rifled the mouths of the embalmed "stiffs" of their dental gold.

\* \*

THERE is, however, another part of the paragraph in which the faculty reserved the right to determine "whether he shall terminate his connection with the institution on the ground of what may be deemed mental or moral unfitness for the profession." And here we join issue.

An instance very much in point of similarity was recently exploited in the Cleveland Normal School, where one of the lady-principals, clad on with a little brief authority, of her own motion decided whether young ladies in attendance upon the Normal should be permitted to go on to teacher-proficiency and diploma. The fact that these teacher-pupils had passed with necessary fidelity and honor all preceding examinations went for naught with this teacher. She was able to guess, by merely studying the applicant's face and other physical characteristics, whether she could continue on to the end, or be told to abandon that thought, descend in honor's scale, and become a mere Trained Nurse for a livelihood. The Cleveland people remember that one such sat-upon young lady seriously demurred, took her case into the courts and the daily press, was triumphantly reinstated; while the psychological principal, with the occult gifts, was reduced in place and pay.

\* \*

IF a medical school were a reformatory with "lights out at nine," some justification would exist in the keepers assuming dictatorial powers. There has been too much of this already in the medical school. It is high time for someone to call a halt on a fashion which has been handed down to us from some now almost forgotten time, when no school was aught save an annex to the little church around-the-corner. We feel reasonably confident that if a young man, properly vouched for as to his morals and reputation upon matriculating, and after having passed the various preliminary sieves, had paid his obolus and entered upon his medical studies—that if he were then turned down and out because "deemed" guilty of mental and moral unfitness for the profession of

medicine, an action at law would lie requiring the "moral" tribunal of the medical college to show cause for usurping the functions of the law courts, who alone have vested in them the right to sit in judgment upon the moral fitness of the people. It might cause some confusion, if the medical faculty were cited in public to show its standard of mental and moral unfitness for the practice of medicine: and more embarrassing still to produce that very learned and able member of its faculty, who, by reason of greater study, practice, and experience in this delicate subject, had become a moral and mental specialist, and, therefore, empowered to do the "deeming"—that is to say, to pass upon the moral and mental unfitness of any medical candidate to be a graduate in medicine. There might, in some of our colleges, be a repetition of that scene in sacred history where the woman taken in adultery was brought for condemnation to the sweet and loving Saviour.

IT is to be sincerely hoped that as the scientific branches grow apace in our homeopathic faculties—bringing materialistic tendencies in their wake—the former allegiance to the Church, as an efficient helper in making good medical men, will be cast off by all medical schools; and medical schools be simply—medical schools by the divine right of medical studies and teaching! Need we here, again, interpolate that we have no quarrel with the Church *per se*, but only with its interference in medical matters? Sunday-school morals and gratuitously advertised Y. M. C. A. homilectics and gymnastics at so much per year to our students—is a pitiful and shabby pretense on the part of the faculty to a better morality than that which obtains in the public schools, or in the department store, or the wholesale grocery establishment, or some immense packing-house, where no pretense is made of introducing and upholding "morals" and preachments as a part of the work or study. We send our students to the medical schools to be called from entered apprenticeship with us into full mastership in the mysteries of medicine. Medical students are not unripe, immature little folks who need to have their noses cleaned and their knickerbockers "dusted" at stated intervals in the day. They

are men bent upon learning the mysteries of medicine—many times composed of recent graduates in great number; and for the medical faculty to deal with them in this paternalistic way is an affront alike to the intelligence of the student, his parents, and his preceptor. Indeed, it reacts upon the college itself. They should not be so eager to take up with every applicant for matriculation; and after having so accepted and received him, if he be guilty of things grievous in the sight of man or woman, there are always better ways of correcting or punishing him than in this threatened public way.

THE real danger, however, of the published threat lies in the unlimited power it places in the hands of a body of irresponsible men—by courtesy and custom called a faculty—to deal with a matter for which they have neither special aptitude, training, nor experience. If the doings of the faculty room were open to the public; or if the professors were themselves always high-minded men, educated and moral, exemplars of virtue and bill-paying-experienced in the niceties of the law; if they were always noted for their scrupulous honesty and uprightness in the community in which they labor and attend upon labor—then some measure of the fear entailed by the assumption of this unlimited power might abate. But students—and some professors, male and female—have before now been slaughtered in the ineffable gloom of this room, without trial or opportunity for defense, and all hope of redress for injuries thus summarily inflicted by this modern vehm-gericht, was futile. There is no higher tribunal in medicine! When the faculty, by a majority of votes cast at any regular meeting, decrees that black is white—why, look you, black is white!

THE modern medical school, with all its parade of progress and improvement, with its boast of scientific attainment, ought to be too proud any longer to lean on the arm of one of the other professions for strength and dignity. The college corporation knows as well as does every member in the profession that this unseemly parade of greater virtue on its part, and its sitting in judgment on men and women as to their mental and moral unfitness for medicine is

the merest and dreariest of rot ! Medical Colleges for Medicine Only !



## Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M.D., 110 West 12th Street, New York.

References in this department are made by number. See issue of January 1 or December 15 of each year.

### *Nux Vomica.*

Lowe<sup>41</sup>: Loss of appetite, I believe, can be more often restored by *nux vomica* than by any other medicine in the whole *materia medica*. Of course, I do not mean to include here cases of loss of appetite brought on by diseases in some part of the system other than the stomach, and in which the restoration of the appetite depends upon the removal of this cause. In loss of appetite where there is no assignable cause; in brain-workers; despondent, melancholy persons; those who have had a great deal of trouble and worry; loss of sleep; after a debauch; in patients who have no organic disease, no matter what the cause, who get up in the morning feeling more tired than when they went to bed, bitter taste in the mouth, take only a cup of coffee in the morning for breakfast, appetite better for dinner and supper; food distresses and lies on the stomach; sour or bitter rising; water brash; nausea; dull, heavy, miserable feeling in the head, or, in fact, all over the body; cross, irritable; no life to do anything, no ambition; constipation; the whole condition would indicate one of lack of energy, and would also indicate a sluggish condition of the whole digestive system, it lacking tone and energy. We also find this condition, of loss of appetite, in persons who work very hard and sweat a great deal, and consequently drink much water and eat too little food. This I have frequently found to be the case with farm laborers, especially in harvest, and *nux* has seldom failed to benefit them.

### *Rhus tox.*

Dr. Swope<sup>7</sup> of Brockton, Mass., well says :  
Prescribe for the patient, not the disease.  
*Rhus tox.*, like all other remedies, will always

work if properly selected, and will not work if unwisely selected, except to do harm.

The indications calling for *rhus [tox.]* are as clear-cut as it is possible to have of any well-studied remedy. Here they are :

Symptoms that call for *rhus tox.* in sciatica:

1. If the disease is caused by exposure to wet, cold weather, or lifting or straining.
2. Sciatica of right side; dull, aching pain; formication of parts.
3. Pains relieved by rubbing, heat, and when warmed by continued exercise.
4. Pains aggravated during rest, from cold, beginning to move, after midnight, from getting wet while perspiring, from drawing up the limbs.
5. Patient very restless, must change position frequently; after every change in position better for a short time, then must move again.
6. Patient must keep the affected limb straight all the time.

Symptoms that call for *rhus tox.* in rheumatism are as follows :

1. Swelling and redness of affected parts.
2. Pains drawing, tearing, burning, or as if sprained, with sensation of lameness and cramping in the parts.
3. Pains all worse during rest and when first beginning to move; worse during wet cold weather and before a rain storm; worse from cold in general and from cold water, also after midnight.
4. Better from warmth in general, and especially warm applications to affected parts.

The following are additional indications for *rhus* in any disease.

Mild delirium, very restless, much thirst, abdomen distended, tongue dry with triangular red tip, with apex pointing posteriorly; great debility, paralytic weakness and soreness, especially when sitting and at rest; great restlessness and uneasiness, must constantly change position, especially at night; sensitive to cold open air; sleeplessness with restless tossing about; anxious dreams about business as soon as he falls asleep.

### *Gelsemium, Toxic Symptoms of.*

J. H. Nankivell, M. D., writes to *The Lancet* as follows :

I took two ounces of the tincture of *gelsemium*

instead of a glass of sherry, and returning to the dining room awaited the result. It was not long forthcoming. (We all live on the ground-floor here.) The few feet traveled to the dispensary found me only too ready to accept the receipt of a helping arm and in another minute the legs were paralyzed; dragging myself to the bedside with my fore-limbs they were unable to help me into the bed, into which I was lifted. There was no trouble so long as I lay quiet, but on the least exertion there were excessive tremors. Vomiting occurred during the next twenty-four hours. The temperature rose to 101.5° F. The heart's action was very violent and intermittent, possibly the aggravation of existing disease.

All the muscles of the eyes must have been affected, but of all the voluntary muscles those of the right side suffered most. Prolonged conversation involved paralysis of the upper lip. The other symptoms were (1) somnolence; (2) no mental excitement; and (3) good appetite. The effect of the drug passed away as it began, from below upwards, but after the arms had recovered vision was not perfect for twenty-four hours.

[This is an excellent proving of gels. and bears out Cowperthwait, who says this drug acts powerfully upon the motor nervous system, causing a passive congestion of the brain and spinal cord and, as a result, giving rise to convulsions and general prostration and paralysis of the whole muscular system, both voluntary and involuntary. The leading manifestation of gels. is its low nervous condition, manifested by drowsiness, languor, disposition to be quiet, and erethism.]

### **Cocaine.**

Dr. W. P. Jenney<sup>22</sup> writes that an aqueous solution of cocaine hydrochlorate applied to the skin is in part absorbed, coolness follows, and if a considerable surface has been thus treated physiologically, symptoms appear like those following chewing of cocoa-plant leaves. The quantity of cocaine so applied may be many times the maximum safe internal or hypodermatic dose, still no toxic action results. Local anesthesia is somewhat modified. Sensation continues in the area treated for twenty minutes or more. Bruises thus painted over soon begin to

fade, and discoloration and congestion rapidly disappear through the constriction of the blood vessels. Pain more slowly subsides, seldom returning after the anæsthetic effect of the drug has ceased. Deep-seated pain requires a larger interval before relief is afforded. In such instances the skin is to be kept wet with the solution of cocaine until ten grains or more have been applied. Probably the effect is less due to the action through the circulation rather than to local absorption. The strength of the solution used should be two to four per cent.; a fresh preparation is requisite. All absorption ceases if the surface dries. Bruises, sprains, and local inflammations can be thus much relieved. When neuralgic pain is superficial the application of cocaine solution is followed by immediate relief. A six per cent. solution is recommended for deep-seated pain in pleurisy, pneumonia, and peritonitis; a gradual palliation following. Marks due to the hypodermatic needle, when painted, rapidly disappear. Absorption of the toxic alkaloids will occur if the skin is broken, and in highly inflamed conditions. There are probably two alkaloids present in the drug as sold. One, rapidly absorbed by the skin, is non-poisonous, and reduces local pain and inflammation; the other is not absorbed and remains on the skin surface. This latter is white, solid, intensely bitter, and causes numbness of mucous membranes. The variable action of different samples of the drug may be thus explained, depending on the proportions of toxic and non-toxic alkaloid present. The writer suggests lethane as a name for the toxic alkaloid.

### ***Cinnamon in Uterine Hemorrhage.***

R. A. Smith, M. D.,<sup>23</sup> prepares tincture from the oil in the proportion of 3j to 3viii of ninety-eight per cent. alcohol. Dose, 10 to 30 drops. He says:

Cinnamon thus prepared exerts a special influence upon the uterus, causing contraction of its muscular fiber and arresting hemorrhage. To a limited extent, it exerts an influence on the entire circulatory system, checking hemorrhage from any part. We consider it one of the most certain remedies we have for uterine hemorrhage, either during parturition or at the menstrual period. We have never seen it fail to arrest

post-partum hemorrhage in a practice of twenty-seven years, though we have had some very bad cases.

[According to Ellinwood, German authorities claim that as soon as the menses or any uterine hemorrhage become excessive, and produce exhaustion or cause alarm, the decoction should be administered freely. It works to a better advantage in hemorrhage due to atonic conditions of the non-gravid womb or where there is muscular relaxation, or a general flaccid state of the womb after delivery.]



### THE VALUE OF NUX VOMICA IN HEART AFFECTIONS.\*

By EDWARD R. SNADER, M. D., Philadelphia.

THE exact rôle of *nux vomica* in heart maladies has not been accurately defined as yet. It is far more useful, however, than would seem possible from a mere parrot reading of its varied symptomatology. An understanding of the drug's profound toxic effects is absolutely essential to its extensive use as a cardiac medicine. The application of the mere symptoms may lead to an occasional accidental cure; a knowledge of the medicine's effects upon the nervous and muscular structures will lead to its more frequent prescription and to more definite, tangible, defensible, and controllable results. Personally the indication upon which I most rely in its administration is vasomotor relaxation.

I employ it in tobacco heart, in whisky heart, in the cardiac affections of the neurasthenic, the chlorotic, the lithæmic and gouty (seldom), the septic, and in the auto-toxæmias arising from the digestive tract.

The drug is of prime value after the overuse of amyl nitrate or glonoine. It re-tones the semi-paralyzed blood-vessels.

In functional palpitation, due to insufficient muscular innervation of the stomachic muscular fibers and vessels, as found in the neurasthenic, the tea fiend, the coffee debauchee, the rum guzzler, the non-masticator, in the twenty-pound-powered woman doing a hundred-pound female's work, and in the æsthete whose principal pursuit is the building of Châteaux en Espagne, the

\* Presented to the Ohio Hom. Med. Soc., 1899.

medicine is of inestimable value, and has no analogue honestly comparable with it in this sphere.

In cardiac dilatation sequential to valvular disease or not, particularly of the left ventricle (in the earlier stages), where there is a capillary stagnation and a lack of arterial tension, and *digitalis* is not indicated, the drug is of fair value only as a general rule; but carefully managed, with frequent stoppages temporarily, this will sometimes achieve brilliant results.

In the ill effects of tetanizing dosage with *digitalis*, when that drug has produced arteries like a cord of steel, and cardiac wreck is about to occur from the exhaustion of the few remaining ounces of heart irritability by the *digitalis*, and you hear angels' wings that nobody else hears and you dare not stop the *digitalis* at once for fear of immediate dissolution, and because of the awful slump that will take place in arterial tension, *nux vomica* is often of service, holding up the tension slightly and keeping the heart going. Here the interpolation of *nux* for a dose of *digitalis*, will gradually enable you, ladder-like, to get down to what may prove safe ground or safe therapeutics. Cactus is here of value, too; but it does not often hold the arteries up as does *nux*.

In the sudden vasomotor storms that come on, not only in apparent health, but in many maladies, cardiac and otherwise, and the patient feels unutterably weak and inefficient, *nux vomica* has been of more service to me than any other drug. These storms seem to me to be comparable to the vessel relaxation of the "hot flush" without the fireworks.

In acute cardiac failure occurring in acute or chronic disease, I prefer the alkaloids, but in their absence use without fear the ordinary tincture, and with fair results.

To sum up. The drug is of value when you wish to raise arterial tension, by stimulating the vasomotor muscular fibers and the supplying nervous system, cerebro-spinal and sympathetic, as well as increase the force of the heart's contraction.



Lemon juice or acid drinks are excellent in cases of rheumatism, while the habitual use of tea is very deleterious.

**HOMEOPATHY TRIUMPHANT.**

By THOMAS C. DUNCAN, M. D., Chicago.

**I**N a previous article I took occasion to point out the practical difficulties in the way of elevating similia to the "head of the corner" in medicine and to have it so recognized by the whole medical profession. That homeopathy has grown in the esteem of the general medical profession no one familiar with history can deny. "Little pills" and infinitesimal doses are no longer made a laughing-stock, but are copied and approved. "You little pill fellows do not divide as formerly." Notwithstanding the study of our books and the acceptance of our shibboleth, *similia* are not absorbed by the large body medical.

I have fancied that some of our men do not hanker, long, or work for amalgamation. In fact, have we not a *stricter* sect who hold themselves above the mass of the homeopathic profession? Ask them a question or submit a case, and how are the honest inquirers treated? We are ordered to "treat your patient." "Give — im one dose and wait." Does that stimulate honest inquiry, confidence, and advance the general knowledge of homeopathic therapeutics? If the leeches of this "sect" substitute autocratic authority for honest study, it is only another evidence of human nature.

In looking over some old papers the lecture schedule of a "seven-man college" came to the surface. Anatomy was given five hours a week; chemistry, four; physiology, three (when the professor was there); practice, four; *materia medica*, three; surgery, three; obstetrics, diseases of woman and children, *four for all*. There were clinics: *one* medical and *one* surgical a week. The term began in October and closed in February. These courses were in those days repeated each year. The requirement was for two courses—practically "one course twice." It is believed that 75 per cent. of the profession were so educated. They have demanded with united voice better education for their students, so the college requirements have increased (and for themselves need post-graduate work). Then there were not a dozen surgeons who believed in

homeopathic therapeutics. (A friend remarks that their number has not increased much.) Now we have surgeons many. They are free, it is true, in the use of iodoform, carbolic acid, and sublimate—dangerous drugs. So much do they follow copy set by old-school surgeons that homeopathy gets little credit along that line, notwithstanding we see annually physicians of all schools sitting at the feet of a surgeon in a temple reared to honor homeopathy.

There are many specialties now with separate chairs. One of the hottest discussions I ever heard in the Institute was in '68 over the question: Shall our colleges teach morbid anatomy? Then our school was despised because we were weak on surgery, pathology, and physical diagnosis. Now we are abreast of any teaching body on these as well as other branches, not excepting bacteriology. Hahnemann emphasized the microbic origin of disease, and we should still keep in the front in ætiological studies. He contended that certain remedies were the best antitoxins because certain other drugs rendered the system subject to the invasion of disease. In the study of disease we have all much to discover along ætiological and pathological lines. The next generation of physicians may discover that free drugging and free and reckless feeding are ætiological factors now overlooked. Koch, the bacteriologist, lends a voice of warning against the free use of quinine in malarial countries, as rendering the system more susceptible and producing "black water." Carbolic acid produces black water also and serious kidney disease. Medical attention is turning to questions that we should be able to discuss and present an array of facts that would exalt the work of one hundred years in drug study. Are our drug ætiologists, drug pathologists, drug symptomatologists (to say nothing of those skilled in the therapeutics according to *similia*) alive to the situation? Have we any general to plan and lead in this final conflict—that we may ever after have union and *peace*? Does the Institute smell the battle from afar? We need a marshaling of our forces along the lines indicated. All that is, however, extra-collegiate and post-graduate—and (if you will allow an old editor to say) *journalistic*! Where are the books (the camp



equipment) for the campaign along the lines indicated? The material can be found in the original provings condensed in the "Cyclopedia of Drug Pathogenesis" and rearranged in Allen's Encyclopedia and Hering's "Guiding Symptoms." Who are busy working over these in our arsenals? To capture attention to practical similia the study of drugs must be made easier and the therapeutic parallel similia must be demonstrated by a condensed work. Does *belladonna*, for example, produce inflammation? This has two sides and deserves careful analysis of its gross and finer effects. If *belladonna* will produce inflammation, how is it brought about and where? That is drug study. In practice (therapeutics) we can also study the inflammations that *belladonna* cures or relieves. How does it relieve? Working along similar lines or in an opposite direction? There is the crucial test.

What about the dose? We say, or believe, or are taught, that a small dose is necessary to cure. Does the big dose work contrary to the small dose? It is claimed that the small dose will cure or rather antidote the similar symptoms produced by the large dose. Will it? Is it the similar acute or chronic effects that are removed? We do not want a fight here, simply honest inquiry and a collection of facts, scientific demonstrations, along these lines. Original investigations will attract attention. We must enlist the students (professors) of materia medica and therapeutics in the other school. We must capture the confidence of the Eclectics, who are half homeopaths (as followers of Scudder) and half allopaths. The recent work of Ellingwood is commended by an allopathic professor of materia medica and therapeutics! The Eclectic school is being anchored behind "specific medicines" and "normal tincture" by two drug firms.

The great worker (Hale) who attempted to approximate this school with the homeopathic wing has departed (peace to his memory!). The union of practice can only be brought about by demonstration and scientific tests, and never by argument. It is not logical to believe that the similar remedy will cure. It must be demonstrated to every physician as it was to Hahnemann—and us. Every physician must convince

himself that all other methods of cure are imperfect, crude, and harmful—an unnecessary tax on the system.

The knowledge of the power of drugs to do harm drove the scientific chemist Hahnemann to study drugs singly. The similar-acting drug in a small dose, comparatively, he *proved* to his satisfaction would cure promptly and pleasantly. We individually have done the same in many cases perhaps. His knowledge of drugs is only partially printed. The *genius* of the drug, the order of its symptoms and how it works, he did not record. Possibly they were written. We should have his record books. He did tell us what diseases certain drugs *might* be similar to (other authors have befogged the list). But no one recognized as well as he the incomplete armamentarium. That is true to-day. Although sulphur has over 4000 recorded symptoms, must we add "exophthalmus" also to the list because *sulphur* has *cured* this disease in the hands of an expert?

Now all of this writing may prove only wind and stir up more dust to cloud our vision, but I have a proposition to offer: Let the editor of this journal divide up the various drugs among those who will volunteer to study a drug. He can give us the outline of work—*e. g.*:

1st. Ascertain the order of development of the symptoms of —, *e. g.*, organs affected, how, order, sequence, and severity.

2d. What diseased organs it will cure and order of disappearance of symptoms?

3th. What amount of the drug (dose potency) is necessary to remove the symptoms and lesions?

To another class who are not interested in this fine scientific analytical work might be assigned problems like these:

1st. Collect a list of incurable cases (diseases) and how they became so—hereditary or acquired, by what.

2d. What effect has one disease upon another in the system [vide Organon]?

3d. What diseased conditions are *produced* by foods, hygiene, habits, occupations, climate, etc., in various peoples.

4th. Find the typical man and why the deviations and disease tendencies.

And much work remains to be done, *e. g.*, explain the *modus operandi* of chill, fever, etc.

**SULPHUR.**

By E. FORNIAS, M. D., Philadelphia.

**Give the gastric symptoms of sulphur.**

Great hunger, must eat all the time. Thirst for beer. Desire for sweets and diseases from eating them. Much thirst and no appetite. Much disagrees, causing sour taste and sour eructations. After eating but little feels full (lyc.). Eructations generally empty, or tasting of food: sour after eating (nux vom.) as soon as he presses on stomach. Sour regurgitation of food and drink. Vomiting of food A. M. Nausea in the morning or after each meal. Great weakness in stomach about 11 A.M.; empty, gone, or faint feeling (sepia). Pressure and heaviness after eating (nux v. and pulsatilla). Rolling and rumbling in abdomen as if empty. Colic and flatus.

**Give the sleep of sulphur.**

Awakens frequently at night, from least noise. Takes short naps. Heavy unrefreshing sleep. Difficulty of falling asleep. Talks loudly while asleep. Restless night, he wakes with a start (bell.) as if he had had a fearful dream. Jerks and twitches during sleep, exclamations while asleep. Anxious vivid dreams (puls.).

**Give the lumbago of sulphur.**

Peculiar stiffness and a sudden loss of power on attempting to move. Sensation as if vertebræ were gliding one over the other, when turning in bed. Lassitude, heaviness, soreness; the pains in the lumbar region are worse on walking, and especially on rising from a seat, than when sitting or lying. (Rhus tox and ruta have similar weakness.)

**Give the sulphur patient.**

Suitable for lean, stoop-shouldered persons; of dry, flabby skin, rough, scaly, or scabby; who, despite washing, have an offensive odor from the body. Who are tormented with itching, especially when warm in bed, and have burning and soreness after scratching. Who have aversion to meat and long for beer or brandy. Drink much and eat little. Milk disagrees with them. Venosity.

What is the character of the skin symptoms of sulphur?

Indicated in papular, pustular, and vesicular eruptions, with a violent, voluptuous itching and tingling worse in warm bed, burning and very sore after scratching. The itching is increased by scratching and the heat of the bed. Burning in the soles of the feet is very characteristic, especially if the patient seek a cool place for them, or puts them out of bed. Skin very sensitive.

**Give the menses of sulphur.**

Either early or profuse, like nux vom., or delayed or suppressed, like puls. They are preceded by dry evening cough, colic, headache, and nosebleed; and accompanied by headache, nosebleed (bry.), rush of blood to head, weak faint spells, pressure in epigastrium or abdominal cramps. Nightly restlessness and constipation, when menses are delayed, are additional indications. The blood is thick, black and very acrid, making vulva and thighs sore. If leucorrhœa follows it is thick, yellow, and corrosive, also excoriating the parts over which it flows.

**Give the use of sulphur in seminal losses and allied remedies.**

In involuntary seminal discharges with cold penis, relaxed testicles and offensive sweat around the genitals, especially if there is weak sexual desire or complete impotence. In ill effects from sexual abuse it forms a group with nux vom., calc. carb., lycop., and selenium. (Hamamelis has also great relaxation of genitals and constant perspiration there with impotence.)

**Give the constipation and hemorrhoids of sulphur.**

Alternated with diarrhea, or composed of hard, knotty, difficult, insufficient stools (nux vom.), with frequent unsuccessful desire and especially if the patient suffers from piles, either moist, blind, or bleeding. When bleeding, the blood is dark, venous. Itching, heat, and fullness at the anus are additional indications. (Veratrum and opium have only simple inaction of rectum, without concomitant symptoms.)

Give the action of sulphur upon portal system.

It produces a marked venous engorgement giving rise to hemorrhoids of very large size, with obstinate constipation (opi.); pulsating, itching, burning, and stinging at the anus; constant heat in top of head and burning of the soles of the feet. The hemorrhoids may be moist, blind, or flowing dark blood with violent bearing-down pains from small of the back to anus, pulsating all day or lancinating pain from anus upward (*Æsculus*), especially at stool.

Give sulphur child.

It is the remedy of pale emaciated sickly children with voracious appetites, big belly, emaciated limbs, unhealthy skin; watery, fetid stools, who sweat easily and dread to be washed; or when the body is offensive despite washing (*psorinum*). Post-exanthematic troubles, especially acrid otorrhea.

Give the diarrhea of sulphur.

Sulphur produces and cures a painless diarrhea almost involuntary, hurrying one out of bed in the early morning and containing undigested food (*aloes*, *bry.*, *podo.*), as if the bowels were too weak to retain their contents. Also a yellowish, whitish, mucous, fetid, watery, excoriating diarrhea: of scrofulous children. Again a dysenteric-like diarrhea, occurring principally at night, consisting of mucus streaked with threads of blood, preceded by colic and attended by tenesmus and pain (*merc.*, *nux vom.*).

Give the leucorrhœa of sulphur.

Of yellow mucus, offensive, corroding, preceded by pains in the abdomen; it burns like salt, making the vulva and thighs sore. The burning in the vagina is sometimes so violent that she is scarcely able to keep still. (In corroding discharges from the vulva it forms a group with *arsenic*, *cresote*, *sepia*, *alum.*, and *phos.*)

When is sulphur indicated in pneumonia?

When the febrile storm has subsided, and the pains and dyspnœa have ceased, exudation has taken place, and the stage of absorption is sluggish. No reactive power. Torpid character in psoric patients. Especially

if tubercles develop (*lach.*). Moreover, sulphur produces short, dry, violent cough with pain in the sternum and stitches in chest or under left scapula, worse from breathing and motion (*bry.*); dyspnœa, oppression, and anxiety; (*acon.*, *ars.*) purulent, bloody sputa and nightly suffocative fits; wants doors and windows open (*ars.*, *carbo. v.*). All pointing to its use in the earlier stages of the disease.

Give the dysentery of sulphur.

Dysenteric stools at night, with colic and violent tenesmus; blood in mucus, in thready streaks.

Give chest symptoms of sulphur.

Weakness in chest during evening, while lying down. Short, dry, choking cough with stitches in chest, or under left scapula. Nightly suffocative fits; wants windows open.

Give the symptoms of sulphur in the lower extremities.

Heat in the soles of the feet, or cold feet, with burning soles, wants them uncovered. Soles cold and sweating.

Give a special use of sulphur.

Frequently serves to arouse the reactive power of the system, when carefully selected remedies fail to produce a favorable effect in acute disease.

Give the kind of congestion of sulphur.

Passive or venous congestion of head and chest. Venous fullness of the abdomen. Congestion of the portal system. Hemorrhoids. Sulphur is to the venous system what aconite is to the arterial. It brings about reaction, so that other indicated remedies will act. Useful when some eruption has been suppressed and brain symptoms are developed. (*cuprum*).

Give eye symptoms of sulphur.

Obscuration of sight; like a gauze before the eyes. Cataract. Inflammation of the eyes and lids: itching, smarting, burning, feeling like sand. Conjunctivitis from cinders or other foreign bodies. (After aconite.)

Give the ear symptoms of sulphur.

Purulent, offensive otorrhea worse in left ear. Ears very red. (Scrofulous children)

Give the sick headache of sulphur.

Very weakening, once a week or every two weeks; pains generally lacerating, and stupefying; numbing. Every step is painful in head. Heat on top of head.



### ***Encyclopedic Knowledge In Medical Students.***

"There are two extremes of students," said Dr. F. D. Bird in an address to medical students (*Intercolonial Medical Journal of Australasia*), "the one who will not take the trouble to acquire knowledge; he, of course, drops out early, but his antithesis is always acquiring knowledge, until he becomes a walking encyclopedia. Now, I would warn you against becoming an encyclopedic student, overweighted with loads of learned lumber, which you will not be able to use quickly and effectively as your profession will require of you. This student is apt to think that his quantity of knowledge has the quality of wisdom. There is such a thing as being too knowledgeable, and the frame of mind in which such a student is apt to get reminds one of the horse that Canon MacColl tells about: 'A friend of mine,' says the Canon, 'once shared the box seat with the driver of a stagecoach in Yorkshire, and, being a lover of horses, he talked with the coachman about his team, admiring one horse in particular. "Ah," said the driver, "but that 'oss aint as good as he looks; he's a scientific 'oss." "A scientific horse," exclaimed my friend. "What on earth do you mean by that?" "I means," he replied, "a 'oss as thinks he knows a deal more nor he does.'" Now we all think as this scientific horse thinks, but the encyclopedic student excels the most scientific of horses in this respect.

"Encyclopedic knowledge, carefully garnered in years of seeing and thinking, is a magnificent mental asset, but it is otherwise when stowed away rapidly and not thought over when it is received. The sixty-ton guns of learning score heavily at times, but it is the quick-firing mental armament that you especially require in our profession."—*N. Y. Med. Jour.*

[Isn't this the experience of every professor of every medical school? That the man with the phonograph memory, who takes all the prizes, usually remains a mnemonical apparatus, totally guiltless of a practical thought or an origi-

nal endeavor? We know of one such "teacher's pet" who made his finals a "walk over." In two years after his brilliant graduation he had changed his location five times, and at this time is engaged in the lumber business!

The process of medically educating our students is unhappily too often scaled on this plan; and then we, of the Old Guard, who get our medical education, like the Irishman got his knowledge of fiddlin', by main strength and awkwardness, affect to be astonished that the youngsters do not have better success with their patients than we do. There's a good deal in medicine beside medicine.

Dr. Helmuth made a good point in one of his recent papers, on the folly of restricting the teaching of anatomy to the first two years of the student's college work. When the student closes his anatomy he is done with it. He then turns him to the remaining studies which he must master before he can get his diploma. And when he gets the coveted sheepskin he has lost his anatomy.

The same reprehensible custom obtains in some of our public schools. To make the criticism pointed and possibly a little personal we will refer to our recent visit to the East. We took our fourteen-year-old son with us. Frequently, while passing near or over points of Revolutionary interest, in testing his knowledge of American history, his answer was many times, "Oh, we had that three years ago. We're past that now." And with its putting away three years ago, he had practically forgotten all about it. Anatomy and materia medica should be in each year of the course "little and often." Knowledge comes by constant accretion. The tendency of modern education, general as well as medical, is toward the elimination of the individual. Everything is done to-day in classes, in groups, in bodies, in wholesale. We can never again go back to the little old log schoolhouse, with its long wooden benches, its paper-glazed windows, its "box" stove, and the painstaking old dominie, who knew each pupil and worked with his individuality; but the rebound from his universal shoveling of encyclopedic knowledge into a class or group, regardless of individuality, will be a recourse to private tutors and private schools.]

### ***Kraft's Temperantia Not a Temperance Drink.***

"Kraft's Temperantia" is the name of a supposed "soft drink" that is being sold at picnics and other places where intoxicating liquors are not allowed. A special agent of the government got hold of a bottle of it, and sent it to Washington for analysis. The department announced that it is a diluted malt liquor, and the persons selling it must not only pay the special revenue tax, but must stamp each bottle. The revenue inspectors are looking for dealers in the stuff, and will collect back taxes from them.—*Indianapolis Daily Paper.*

[Nobody know how glad we are that this exposé didn't occur before the Atlantic City meeting of the American Institewt of Homeopathy. What a fine card it would have been with the Antikamnia dollar bill, our many criticising editorials, and our alternation of remedies, in the hands of our smell-feast friends! As it is, we are indifferent.]

### ***Cleveland Criticisms Again Criticised.***

According to the allopathic journals, the Cleveland homeopathic doctors are hurrying into the old-school ranks. Our brother Kraft should haste to keep our members loyal, and not waste time trying to throw mud on one of the oldest of homeopathic institutions. By the way, if the new department of the State University goes through, and Cleveland homeopaths cannot be held in our lines now, how will the students stand the fire of the old-school professors, who will teach them anatomy, physiology, etc.?—*Editorial; Medical Counselor.*

[Hello, there, *Medical Counselor* man—what's crawled upon your trouser leg? A little belated, aren't you, both as to facts and causes? In speaking of the almost forgotten defection of the sixteen homeopaths, our brother Kraft purposely refrained from throwing "mud on one of the oldest of homeopathic institutions." If you will examine again, and with an eye unclouded of prejudice, what we wrote about that time and about that incident, you will find that whatever "mud-throwing" was indulged in was at *un-homeopathic* institutions (mark the negative and the plural, please), and never a word concerning the Cleveland Homeopathic Medical College. We are not to be held responsible for what people think. Are we? And if the *Medical*

*Counselor* man indiscreetly assumed that our fifteen-dollar-no-more-no-less suit fit any particular friend or college of his, isn't that his lookout?

To engage in a little "by-the-waying" ourself, may we ask the esteemed critic if he knows of any better homeopaths than the famous gemini James C. Wood and Daniel A. MacLachlan? The former professor for years in the homeopathic schools; many times chairman of bureaux, writer, speaker, and author of a homeopathic text-book now found in nearly every homeopathic school of the land; the latter equally well-reputed in all Michigan and elsewhere, ex-vice-president of the American Institute of Homeopathy, writer, speaker, teacher in the homeopathic schools, and co-editor of the *Medical Counselor*? If the *Counselor* answers that he does so know of better men and homeopaths, we will put him to the proof. If he admits, as we know he will, that they are homeopaths and as well-famed for other special characteristics and virtues, we then ask the esteemed editor of the *Counselor* how this can be, remembering that these twain are graduates of the Homeopathic Department of the University of Michigan, which, at the time of their graduation, gave the earlier years of the instruction to the allopaths?

No. Mr. Editor, there is something else needed besides attending four years of alleged homeopathy in an alleged homeopathic college, to make homeopaths, and that is the *teaching* of HOMEOPATHY as if the teachers believed it; and not in the slipshod, indifferent way in which it has been stalking the boards for the last ten years in many of our schools. Better two years of honest homeopathy in a school which permits the allopaths to teach the students bones, bodies living and dead, and bugteriology. than four years of wishy-washy, toothless, lifeless manuscript-reading by theoretical, unsuccessful, dead-and-unburied teachers.

Wiser far would it be for our learned brother to "lay low" for a few moons more or less, until that new-old college of his has secured a firmer foothold in the affections of the profession; for it will take considerable of ground-and-lofty talking to convince all the homeopathic press and all the colleges and all the

Institute that it is not a violation of that much paraded and equally well-worn aphorism (composed by self-seeking colleges to keep Biggar from starting another college in Cleveland), namely, "Not more colleges, but better ones." It is neither wise nor good politics to enter the lists and engage in Knight-ly joust for some other college, when the challenging Sir Knight may not himself be caparisoned in armor of proof.]

### *Professoring in Some Medical Schools.*

In reality the cause for stringent requirements [in State Examinations] is due to the fact that the competition of medical colleges has led to carelessness in receiving and graduating students. The multiplicity of colleges is beyond the requirements of the day. Too many institutions have been founded for the sake of giving the title of "professor" to ambitious men. The thought of maintaining the "higher medical education" has been lost sight of in the wild rush to add a title to a doctor's name, with the result that a dangerous segmentation has recurred in the teaching faculties. Already there are too few men of standard accomplishment to properly manage one-half the colleges now existent. And still the mushroom growth of colleges continues. Someone must give them the right to exist, someone must see that their students graduate, and someone must see that the privilege to practice is obtained. Who is it? How is it done?—*The Clinique*.

[Sounds almost as if taken from some of the editorials we used to write before we were born again at Atlantic City—before we had been disciplined and smoke-housed for our unbridled criticism of men and things, and dropped from office in the American Institute. Of course the editor of *The Clinique* speaks truly. Every professional man, in or out of the college, knows that our colleges—some, or many of them—are barnacled almost to foundering with tinsel professors, who are not known five good English miles from their uptown post-office address. There are professors who drew from the faculty hat this or that "chair." Then they "read up," on that "specialty," and later, having fairly well-committed the reading to paper, unread it to the class. And this is professing! No wonder many of our students come back to us with no knowledge worth the name! Commend

us to "dem good ole days" when a student had a preceptor, who taught him some practical things—the collecting of bad debts; the castor-oiling of the buggy wheels and of the preceptor; the over-feeding of the horse but under-cleaning; between times reading Gray and botany; assisting in venesections; holding the off leg in childbeds—there were no obstetrics or confinements, in those days—and then sent him to a seven-man college, each professor of whom was a practical doctor; then when *they* got through with him, he was at once put in the way of making a decent living. It is true he knew little, and perhaps cared infinitely less, for the latest technique in gynecology or pelology; he wasn't up,—or down,—on bugteriology, microscopy, spittle-and-urine examinations, serum therapy, the spots on the sun, the influence of the moon on the tides, or any of the other present-day segmentation of the good old art of medicine, stolen from every convenient and unguarded scientific source; and then placarded and paraded as Progressive Modern Medicine; but he knew how to take care of his patients and his pocket-book, and he did both. Perhaps this is old-fogyism. In some things there is nothing like the good old way. But there was music in the creaky tread of old saddle-bags' cow-hide boots on the front "stoop" at half past one in the morning; there was sweetness and light in his black and noisome draughts; and there was healing and sympathy and strength and renewed ambition in the touch of his oftentimes horny hand with its ebony-tipped nails. He took "holt" and "done" something. What the profession to-day needs more than all else—unless it be a little more ready money—is a crusade against this namby-pamby, touch-and-go teaching, and the inauguration of an era of practical instruction from practical, experienced, enthusiastic, successful doctor-men. (We have a surplusage of medical-men.) In no other way will we live to see new Ludlams and Talbots and Dakes come to the front.]

### *The Scare Doctor And His Brother.*

We are well acquainted (and so are you) [says Dr. W. E. Bloyer] with several physicians who would long since have quit the profession for want of business, had it not been for their

marked ability in the line of being able to take advantage of the credulity and confidence of the people. . .

But that is not the worst side of him. When called to see a patient he pretends to, or perhaps does, examine a case carefully, then looks wise and says: "Why, Mrs. Blank, I am so glad you called me just now. We have here a most violent and even dangerous case, and a very short delay would have made me too late. . . Her temperature is very high," and he then proceeds to picture a case bordering upon collapse or death. When called to an obstetric case, we have known him to say, after making an examination: "I am just in time to save very grave complications; five minutes later would have been too late; I am so glad to get here just at this moment." Of course, his innocent patient has confidence enough in him to believe him. She does not know that perhaps she would be far better off if he and his "meddlesome Mattie" methods were far away. Once we knew him to reach a woman whose child had been born a half hour before, and the after-birth had been expelled from the womb, but had lodged in the vagina, as it often does. He told that confiding creature that it had grown fast, and after much fuss and feathers, and many manipulations, made purposely to deceive the woman, he took it away, exclaiming: "That is the worst case I ever saw! Why, Mrs. —, you have no idea in what great danger you have been, I snatched you from the very jaws of death." And so he goes about, day in and day out, deceiving those who have confidence in him, preying upon their sympathies and fears in every case he has to treat.—*Medical Gleaner*.

[His brother is a surgical specialist. "Ah, yes!" says this e. s. (eminent specialist), "your doctor is a first-class therapist and an all-around good g. p. (general practitioner), but he is a crank on materia medica. I am afraid he has waited too long in your case. You know he fights operations. And expects to cure all manner of surgical lesions with one dose of medicine in a high potency. Still, if you will assume the risk, I will operate," etc., etc. He may be tempted to do this sinister work even in your consultation cases. Great is the e. s. !]

### **Medical Treatment Of Appendicitis.**

I am prepared to state to-day as I stated five years ago that in my opinion not one in twenty cases of appendicitis needs surgical interference. This statement no doubt will be a surprise to some of you as it is to most of the laity, who for

several years have been diligently taught by the profession that immediate operation is the only hope of saving life in cases of appendicitis. Let me tell you, ladies and gentlemen, that as a matter of experience very few cases of appendicitis die under proper homeopathic treatment. When you hear of this, that, or the other person dying from appendicitis you may safely ask, who operated? . . .

Some of the ablest members of the profession in our school have reported from fifty to one hundred cases of appendicitis treated without the knife and without a single death. It is foolish for the advocates of surgical interference to protest that these were cases of mistaken diagnosis. Most of the men who have made the most favorable reports from medical treatment are men who are as competent to diagnose a case of appendicitis as any surgeon in the land. . . .

In the majority of cases I have found belladonna or bryonia best indicated, and these remedies have given me most excellent results. Naturally I take away from the patient all solid food. I do not give a cathartic, but undertake to clean out the rectum, descending and transverse colon, with frequent injections with a warm saline solution, sometimes using glycerine or oil. I also give per orem considerable quantities of olive oil, not as a physic, for it does not act as such, but as a food and as bland unguent to the lining membrane of the intestines. Seven out of ten cases of appendicitis are caused not by any foreign substance in the appendix, but begin as a cæcitis due to impaction of fecal matter in the cæcum and ascending colon. Removal of this impaction, together with the indicated remedy, usually relieves the difficulty in a short time. As an aid to the regenerative process there can be no objection to the application of hot lotions or poultices over the abdomen. If the case is seen in time the above treatment is usually all that is necessary and will prevent the formation of pus. If, however, the case is well advanced before it comes to your attention, and there is distinct fluctuation over the appendiceal region or around the side of the cæcum, it becomes imperative that an incision be made and the pus evacuated, after which the cavity should be packed at intervals until it has healed from the bottom. It is sometimes remarkable to what extent pus can accumulate about the appendix and yet the whole be walled off from the peritoneal cavity.—*Prof. J. J. Thompson—Medical Advance*.



The homeopathic physician inclines to the belief that the death of Robert Ingersoll resulted from the too free use, under medical advice, of nitroglycerin tablets.

## Correspondence.

### *Vaccination or Blood Poisoning with Animal Diseases.*

*Editor AMERICAN HOMEOPATHIST:*

I am afraid from the nature of your review of my book, although very complimentary to myself, that either you have not understood me, or that the subject of vaccination is not as well understood in the "States" as it may be, or should be, seeing that it is of such vital interest to every human being.

You say, Would it not be better to lose a few vaccinated people if great numbers may be saved by vaccinating? I say Yes to this (but you forget that 95 per cent. of the cases of smallpox have been vaccinated), but unfortunately it is just the other way about. By vaccination we produce a far greater *mortality* from other diseases than there is from smallpox when it "runs riot," for it has been proved that when smallpox is raging, mortality from all diseases, including that from smallpox, is less than when there is no smallpox. This law of vicarious mortality is in operation in all epidemics, although the mortality is often increased by *drugging*. Smallpox is a ferment that only affects those who are constitutionally impure.

My great contention is that vaccination like psora, produces a monstrous miasm, a morbid constitutional state on which other diseases take root or are induced, where but for the vaccination they could have no power of attacking people.

Respecting cancer, I think it *may* be induced, first, by the double animal disease, *horse-cow-pox* being *one* source (every animal used is a different source and causes further complications) acting on certain already existing morbid (non-cancerous) states of the human being. Second, from other animal taints carried with the vaccine and put into more healthy people. We cannot forget the venereal states the horse is liable to on the great stud farms of Continental Europe. We know that one form will produce non-malignant enlargement of the prostate gland and it is known that epithelioma in the great majority of cases is the outcome of syphilis contracted in youth—who can say that other forms of cancer are not also so induced. The fact that horses

are liable to syphilitic diseases, and that the horse is the fountain from which we have obtained our supply of vaccine, plus all the taints of the cow the horse "grease" is passed through, seems to me to point to the fact that syphilitic conditions so common after vaccination may also arise in this way, as well as from tainted human sources.

It has been stated by eminent men that "grease" in the horse (Jenner's vaccine) is a form of venereal disease, the secondary symptoms of both are similar.

You say, "The assumption that cancer has been on the increase since vaccination came into vogue is—an assumption." I am sorry to say I can prove it to you to be a fact. The statistics of cancer I gave in my book were taken from the *Journal* of the Royal Statistical Society, not an organ likely to advocate anti-vaccination views. I quote the following from that journal, September, 1898:

#### DEATHS FROM CANCER IN ENGLAND AND WALES.

1840	.	.	.	.	.	177	per million
1850	.	.	.	.	.	279	"
1855	.	.	.	.	.	319	"
1860	.	.	.	.	.	343	"
1865	.	.	.	.	.	372	"
1870	.	.	.	.	.	424	"
1875	.	.	.	.	.	471	"
1880	.	.	.	.	.	502	"
1881	.	.	.	.	.	520	"
1882	.	.	.	.	.	532	"
1883	.	.	.	.	.	546	"
1884	.	.	.	.	.	559	"
1885	.	.	.	.	.	566	"
1886	.	.	.	.	.	583	"
1887	.	.	.	.	.	606	"
1888	.	.	.	.	.	610	"
1889	.	.	.	.	.	643	"
1890	.	.	.	.	.	676	"
1891	.	.	.	.	.	692	"
1892	.	.	.	.	.	690	"
1893	.	.	.	.	.	711	"
1894	.	.	.	.	.	713	"
1895	.	.	.	.	.	755	"
1896	.	.	.	.	.	764	"

It will be seen that, starting from 1840, when regular statistics were first begun in this country, and when vaccination began to be pushed, there was a steady increase of cancer year by year till 1896, the date of last return. It would be only fair argument to say that if it increased



steadily from 1840, 177 cases per million, to 1850 to 279 cases per million, that if we go back to 1830 or 1820 it would be proportionately less. Vaccination was introduced the beginning of 1800, say 1810, and as it began to be pushed so cancer increased. In the days before vaccination, when inoculation was in vogue, we seem to have had little if any cancer. Every year sanitation has improved, and now, say 1896, we have the most perfect sanitation in the world, and yet cancer deaths in 1896 were 764 per million. Where can we look for a more likely cause of this increase than from animal diseases put into human beings? I believe it is the tainted blood inoculations that are the chief cause. The taints that enter by the stomach are destroyed by the glands and juices of the physiological laboratory in healthy systems.

By removing morbid taints and conditions from the human system, it is more able to resist disease, but not by adding other taints to the blood. The glands become overcharged and cannot destroy these taints.

If perfect health is the greatest guard against disease, which I presume no one will deny, it is not only illogical but absurd to taint the system with disease as a protection against them. I have never contended that unvaccinated people are exempt from smallpox, unless they observe the laws of health; without sanitation vaccination is useless, with sanitation it is unnecessary even if it had the power to protect. I said in my book that any illness will usually protect a person from other disease; if they have been properly treated, by producing a temporary artificial disturbance, they may under certain conditions be protected for a few weeks or months. Diseases may be likened to ferments, and, if treated in a proper manner, remove by their fermenting power, or throw off, the conditions that cause their inception, but if this throw-off is not complete, as in vaccination it cannot be, and often in smallpox is not, in a very short time they are in the same susceptible condition, with the added impurities of animal taints, which, as I have said, may induce malignant disease. The habits of life and living and surroundings of some people, by vitiating the blood, more quickly lay them open to disease than other people.

By vaccination we lay the foundation of far greater diseases and a greater mortality than we get from smallpox. Until men learn to live more healthy lives, and to have healthy surroundings and healthy food and pure air, they will be always liable to disease of every kind, but by putting a filthy animal disease into one, such as the horse-cow-pox contamination containing constitutional germs of the diseased horse and the cow it passes through, or the antitoxins, made by putting the human disease, diphtheria, into an old worn-out horse, probably one so diseased that it is valueless, or any other form of *inoculating*, is not only absurd and illogical, but it is a crime.

The only protection against infectious disease is healthy bodies, not by making them more diseased. The homeopathic prophylactic, by helping to remove disease conditions, will protect from smallpox.

Yours very truly,

E. ALFRED HEATH.

114 Ebury Street, London.



## Globules.

Dr. J. B. Wadlington's present address is City Hospital, Louisville, Ky.

Dr. A. M. Cushing has removed to 137½ State Street, Springfield, Mass., where he has the conveniences of telephone and elevator.

Dr. Clarence Bartlett of Philadelphia, has not been at home since August 1. When last heard from he was in the White Mountains, (Profile House, N. H.).

Dr. F. W. Morley of Sandusky, O., has been appointed one of the medical examiners for pensions in Erie County. We congratulate Dr. Morley and the General Government.

Dr. Dudgeon has quit. He says Dr. Leach doesn't stick to his text. So there is nothing to be gained by continuing a fruitless argument with him. But if Dr. Dudgeon thinks he can thus lightly throw over Dr. Leach, he doesn't know him.

The September, 1899, issue of the *Medical Arena* is an excellent homeopathic materia-medica number. Its leading article is by our

friend Professor Mark Edgerton under the title "Old Friends in New Dress," which consists of an intelligent *mélange* of materia-medica pointers.

Evidently the *Medical Century* is sometimes short-memoried, else it would not greet the new homeopathic college at Detroit with a club.

Professor W. A. Dewey has returned to his Ann Arbor home, refreshed and invigorated, from his Vermont vacation. It will be proper now to start the annual lie that he is writing a new book.

Dr. William B. Van Lennep, Philadelphia, is upon our table with a reprint (from *Hahnemannian Monthly*) of his masterly prepared and presented paper before the American Institute of Homeopathy on "The Present Status of the Surgery of the Kidney and Ureter."

The *Medical Century* head-editor is evidently shy on copy, so he takes it out on our poor self. The last two issues contain editorials that put the chip on his shoulder. If he don't watch out we may knock it off. Better write some of those cracked-up editorials which "delectate."

Professor Samuel A. Jones, M. D., Ann Arbor, informs us that the use of his name as Professor of Materia Medica in the new Detroit Homeopathic College is without his warrant or consent. This won't do, Messrs. Detroit-College-folks! Better stick to the straight and narrow path.

Forget not to arrange at once for your visit next July to the International Homeopathic Congress in Paris. If you wait until about time to go, for your ocean stateroom, you will find the steamer's full. It is exposition year. Join the editor's party, and have everything prepared and ready for you before leaving our country.

Soon, very soon, now, we will know who received the prizes offered by the *Medical Visitor* for homeopathic papers. Then more fun may be expected. In this modern bugteriological age, for any practitioner to put himself on paper, for a prize, as to what constitutes homeopathy and homeopathic practice, will be an interesting exhibition.

One of our Western exchanges prints what purports to be a report of a dinner given to Dr. C. E. Walton by his Cincinnati brethren recently

in congratulation upon his unanimous election to the presidency of the American Institute of Homeopathy. We beg to say this is not so; for if it had been so, as we live in Ohio, and are a warm friend of Dr. Walton and the Cincinnati fraternity, we would have been notified of its occurrence.

We still want to know where that Ladies' Hahnemann Monument Fund has disappeared to.

We have just received from the Boericke & Runyon Co., New York, "A Digest of External Therapeutics," by Egbert Guernsey Rankin, M. D., which we believe to be a very valuable addition to the physician's armamentarium.

We have heard with much pleasure of the special election and its results at Ann Arbor, by which the people authorized the City Council to donate a site for the new homeopathic hospital outside the campus. Someone, in writing to us, calls attention to the fact that by this very act homeopathy has been or will be completely pushed off the campus. That's one way of looking at it, to be sure.

The Denver Homeopathic College and Hospital, in issuing its Annual Announcement for 1899-1900, adopts a very neat and pretty form and size, which may be handily carried in the inside pocket. Its contents bespeak the success of the school. This is a modern medical school which trades wholly and solely on its ability to teach medicine. It does not hold out that moldy bait of the Y. M. C. A. privileges, etc., etc.

Dr. Murray-Aaron has followed up the newspaper reports, and finds that out of forty cases reported since the beginning of June, there are but three cases in which *Melanolestes* has been an undoubted offender. In two of these three cases there was "a slight amount of poisoning," in the other case simply the pain of the puncture. In many of the reported cases the bite was to all appearances due to the stable-fly or horse-fly (*Stomoxys calcitrans*).

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# The American Homeopathist.

OCTOBER 2, 1899.

FRANK KRAFT, M.D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



L. R. PRYOR, M. D.,  
Eaton, O.

## ALTERNATION.

**I**N his short but graphic and intensely earnest remarks before the recently adjourned Institute, Dr. Timothy Field Allen called attention to the threatened decadence of the homeopathic materia medica, principally from lack of interest manifested; and this, in turn, he sought to attribute to the paucity of time allowed for reading and properly discussing such papers as should come regularly before that section. He

urged with all the eloquence of an impassioned pleader, who sees ruin ahead for his client,—one engaged in a just and righteous cause, that some change be made looking to the betterment of this most essential of all essentials in homeopathy, either by granting the section more time, or by the inauguration of a new department or section. (The latter suggestion was ultimately acted upon and adopted and a new Pharmacological Society created under the auspices of the American Institute of Homeopathy.)

Thus far Dr. Allen had but threshed over old straw. It was no new suggestion—we will not refer to it as a perennial complaint—to ask for more time for this or any other section of the Institute. But that which was new, in his remarks, was the proposition that we discuss in the newer society, as among the more vital topics of modern homeopathy, the question of Alternation of Remedies. That was a new, and, coming from so pronounced a single-remedy man as Allen, a bold suggestion.

There is no doubt a wide difference of opinion in the profession on this matter of alternation. No college of to-day openly teaches it; and yet the majority of our students come back to us as graduates in homeopathy, with the alternating appendix firmly attached and interwoven in their professional fabric. Why is this, and how do they get it? In some localities of our States every practitioner—with only here and there an exception, and he a “high-potency crank”—dabbles in it, if he does not use it continually. The laity seems to have been educated up or down to this standard of homeopathy; so that, as soon as a homeopathic physician enters upon his oral examination, the nurse brings him two or more glasses of water.

Many a practitioner, under such circum-

stances, in order not to be deemed eccentric, or classed as not as good a doctor as his older predecessor, for the people at large still value a doctor by the amount of medicine he gives,—will use the two or three glasses, but in such way that no harm will ensue, using inert materials, sugar of milk, alcohol, protonuclein, perfection food, distilled water, permanganate of potash, and the like for a few visits, and, then, ultimately reaching the visible single remedy “because now the patient is better, and doesn’t need so much medicine as at first.” We have ourself resorted to this expedient when called to such a family, or when dealing with a family coming to us from allopaths, and who were accustomed to bottles and tablespoonfuls of heavy medicine. It was deemed wise to win the confidence of such family by degrees.

In our earlier practice, being called to a Low-Dutch family of means and influence, we rode the high-horse of the one glass of water with a few pellets dissolved in it, a teaspoonful every hour. We reached our office a little ahead of the messenger from the family dismissing us. They would not touch the medicine which was truly indicated and, we believe, would have produced the result hoped for. It is well in medicine as in other things first to catch your rabbit before making rabbit pie. A little diplomacy would have saved that family from weeks of illness, and in time have brought them over to the homeopathic fold, firm believers and adherents and it would have saved us several years of struggle in that vicinity.

Only within the fortnight we were called to a German family living in three poor rooms, the breadwinner working for one of the nearby mills. The patient, a woman of fifty-nine, had been ill for six weeks, and in the hands of other physicians. Gradually becoming worse, distant relatives flocked to the scene, and of these someone suggested the employment of ourself, because of reputed success in some case remembered by the suggestor. Arrived there we diagnosed a bryonia diarrhea with many of the concomitant symptoms. A few drops of this remedy was placed in a little water, with directions to take one teaspoonful every two hours. In addition we prepared twelve powders, one to be taken directly after each bowel movement

and at no other time. In twenty-four hours the nausea on least motion had ceased, and the thirst had abated. Counting the remaining powders, we saw that eight stools had been had. We repeated the powders with same directions. Also the bryonia. On our next call but three of the powders had been used. The woman was stronger and ready to eat something. Four visits in all. What was in the powder? That which the woman and her friends believed to be the real medicine, because we had prohibited the drinking of water except as in the glass of medicine. The powders were sac lac. We very well knew that in a family of that class, where medicines are invariably associated with something nasty and foul or bitter, to rely simply upon a teaspoonsful of water every so often would destroy that first and prime essential in the cure of every case—confidence. The powders were tangible, had taste and size.

There is a succession of remedies sometimes mistaken for alternation, but we have never alternated in the sense of using different homeopathic remedies for different parts of the body at the same prescription, or designed to cover varying pathological conditions. And the reason of this is our ignorance! We do not know how to alternate. We use different-colored powder papers, just as we use different sizes of pellets, but only for the reasons above ascribed.

We firmly believe, and have always taught, the Totality of Symptoms. Indeed, we do not see how homeopathy could stand for a day if that principle were taken away. The provings were made upon the single remedy, or a combination used as a single remedy, and to us it is as inherently illogical to have two totalities in one sick body at one and the same time as it is to have two answers to any given mathematical problem and *both* be right. Still we are not hidebound on this question. Recognizing the great prevalence of alternation in modern homeopathic practice, we are willing, nay, anxious, to learn a better way for healing the sick than that laid down in Hahnemann’s teachings.

We approach this much-mooted question as calmly as possible, and in the hope that when the Pharmacological Society gets to work it may solve this vexing problem, either by giving

us good reasons and rules for alternating as a body ; or for throwing it out entirely. Perhaps alternation may prove to be a great medical truth, as Lutze tried to establish, which, if intelligently directed and applied, may result in a greater meed of success for our school, and so save us from much just ridicule, and the constant charge of inconsistency, in that we teach and write one form of homeopathy and practice another.



### **Materia Medica Miscellany.**

Conducted by J. WILFORD ALLEN, M.D., 110 West 12th Street, New York.

References in this department are made by number. See issue of January 1 or December 15 of each year.

#### ***Apomorphine.***

Dr. E. L. Abogado " recommends this, when given hypodermatically, as an excellent emetic. For accumulations of mucus in the respiratory passages, or in the chronic catarrhs, it facilitates expectoration. It is useful to relieve the dry cough of tuberculosis. Dominquez recommends its use in cerebral congestion when it is desirable to empty the stomach quickly, and for patients suffering from digestive disturbances to tone up the organs.

[Prof. T. F. Allen in his Handbook says the applicability of this drug to the relief of various troubles requiring prompt emesis will be apparent to everyone. The hypodermic injection of 1-16 of a grain will cause full emesis within five to fifteen minutes in an adult. Its use in poisoning by opium is dangerous.]

#### ***Alcohol, Influence of.***

Destree " has made experiments to determine whether more work can be accomplished with alcohol than without. The results obtained were uniform, and clearly showed that :

1. Alcohol has a favorable effect on the work-product whether the muscle is weary or not.
2. This favorable effect appears almost immediately, but is very transitory.
3. Immediately afterward alcohol has a very decided paralyzing effect. About a half-hour after taking alcohol the muscular power reaches

a maximum that subsequent doses increase with difficulty.

4. The paralyzing effect of alcohol outweighs the momentary stimulation ; so that the total work-product obtained with the use of alcohol is less than that obtained without it. In other words, alcohol is a deceptive means of dulling the sense of fatigue, but its action is momentary, and in the end injurious ; the paralyzing effect upon the nervous system increases rapidly, and with such force that any momentary good effect cannot counterbalance it. Similar experiments with tea, coffee, and kola showed that the stimulating effect of these drugs, while less marked than that of alcohol, is continued longer, and is not followed by a paralyzing effect, as is the case of alcohol.

#### ***Baptisia in Typhoid.***

Whitney in Medical Arena has the following, regarding this drug :

Burt calls this " the king of all remedies for enteric or typhoid fever." Hughes I think it is who is reported to have said that " he used baptisia in every case where he could diagnose the disease enteric typhus."

We are all instinctively apt to think of it when we make a diagnosis of typhoid, and it is quite probable that it has been prescribed empirically for this disease more frequently during the last twenty-five years than all other drugs combined.

Such practice is as unscientific as it is unsuccessful, and it is to be deplored and discouraged, for there can be no reason why this drug should be selected as the remedy for any diseased patient without subjecting it to the same rigid individualization as is given to any other.

This remedy is equally valuable in all stages of typhoid—its use during the first week has unquestionably been the means of aborting many cases of it—while in the later weeks it has ameliorated and modified many more.

Where baptisia should be given there is a profound depression manifest throughout the entire system ; the blood is disorganized, and as a result every excretion is offensive—the perspiration, breath, urine, stools—in short, the patient himself has an offensive odor.

He feels chilly all day and hot all night ; the

temperature is high, the pulse quick, full, and yet soft; there is a stupefying headache and confusion of ideas; nightly delirium; great debility with marked mental depression and a tendency to paralysis. Sleep is so heavy that he can with difficulty be aroused long enough to answer a question, or he is restless, changing position constantly; in whatever position he lies the part lain on feels sore and bruised; the bed feels hard, and he tosses about trying to find a soft place.

The sensation of being scattered about, and a restless tossing in an effort to get the parts collected together, is a characteristic of this remedy. The face is dark red and the expression besotted. The tongue is also red and looks as if burned, and is coated brown.

Dark sordes cover the teeth and lips, and the breath is horribly offensive. He is unable to swallow anything but liquids.

There is a sinking sensation at the epigastrium, nausea, tenderness in the ilio-cæcal region; a brown, watery, offensive diarrhea, and great nervous prostration.

Standing out with prominence when baptisia is indicated are its leaders—unusual fetidity, besotted expression, and mental depression.

### *Crataegus in Cardiac Hypertrophy with Acute Dilatation.*

Case of Halbert<sup>3</sup>: Mr. S., a young man sixteen years of age, had worked hard at manual labor since his twelfth year to support a widowed mother. He had in fact done a man's work before his physical maturity would permit it. For some time he had shown some signs of cardiac hypertrophy and had been cautioned by physicians to take good care as to his heart. About a year ago, during some gymnastic extreme in the nature of sport, he was suddenly admonished that something had "given way" and for relief was obliged to take to his bed. When I first saw him he was obliged to lie down, respiration was labored and irregular, and the heart's action was greatly exaggerated and erratic. There was decided precordial bulging; the apex beat was considerably displaced, downward, and to the left, and the whole cardiac dullness was greatly extended; the impulse was heaving in character with considerable mitral systolic blow-

ing and the corresponding diastolic intensification; there were also signs of considerable pulmonary engorgement and some pain in the chest region.

The patient was put into a warm bath for twenty minutes, and then carefully returned to bed. Aconite 3x was administered every half hour, and continued hourly for a day or two afterward until he was somewhat relieved. Crataegus, five-drop doses of the tincture, was then administered five times daily for a long time. The effects of this remedy were most remarkable; the cardiac irritation gradually lessened; the area of dullness decreased and the rhythm improved; at the same time all the general symptoms improved rapidly. He has now been using the remedy for several months and the result is most satisfactory. I have every reason to expect a cure of the extreme symptoms, and believe the heart will be reduced to a safe hypertrophy, which will virtually be a cure.

In my experience in this case and others, I do not believe we have ever had so safe and so sure a remedy as crataegus for such conditions. While it is a cardiac tonic, it is not a dangerous one like digitalis, and it can be continued indefinitely without untoward results.

[Dr. Jas. Clements reports a case which is quoted in Ellinwood's *Materia Medica*. "It was an extreme case of angina pectoris, with regurgitation, oedema, and a train of symptoms that pointed to immediate dissolution. After using cactus and other well-known heart remedies without any result, he obtained some of Dr. Jennings' fluid extract of crataegus, and was cured in a few weeks with permanent relief from pain. Jennings says crataegus may be regarded as a specific, or the nearest approach to a specific, in the following cardiac diseases: angina pectoris, valvular deficiency, with or without enlargement, endo-myocarditis, tachycardia, rheumatism (so called) of the heart, cardiac neuralgias, from whatever cause, palpitation, vertigo, apoplexy, dropsy, and functional derangements. Dose four to eight drops four times a day."]

### *Millefolium in Hemorrhages.*

The *Med. Advance* says this drug is a remedy used almost exclusively in the homeopathic

school. It should not be overlooked in hemorrhages. It takes epistaxis, hemoptysis, bloody stools, bleeding hemorrhoids, hematuria, and metrorrhagia, quite an extensive list of hemorrhages. In the upper parts of the body there is congestion, arterial excitement; in the lower, rather a passive flow from atony of the parts.

[Lilienthal believes that this drug is indicated in expectoration of blood, without much coughing, sometimes in consequence of violent exertion, pulmonary phthisis after hæmoptoë.]

### *Asclepias Tuberosa.*

M. E. Douglas, M. D.,<sup>\*</sup> says, is indicated in skin troubles by the following symptoms:

Vesicles, pimples, and pustules all over the body, especially on arms, legs and face.

Itching of the skin of the thighs and nates without eruption.

Hot, feverish, but moist skin.

Concomitant symptoms are:

Pain in the forehead from coughing.

Fluid coryza, with much sneezing.

Dry cough, with constricted sensation in larynx.

Sharp pains shooting from left nipple downward.

Sharp cutting pain behind the sternum, aggravated by drawing a long breath or moving the arms, by singing or loud speaking.

Feeling as if a stream of fire passed through the abdomen, and as if the bowels would come out.

### *Varicose Veins during Pregnancy.*

Dr. R. Haehl<sup>\*</sup>:

Carbo Vegetabilis.—Varicose veins and ulcers, with malodorous and corroding discharge. The sore spots are only superficial, and have an irregular form. Inflammations that go on to suppuration or gangrene, with burning pains and decrease of strength; disturbances of digestion, with passage of stinking flatus; varicose veins on the genital organs, with bluish varices, which burn; ulcers and fistulas, with thin, sanious, and corrosive vaginal discharges.

Fluoric Acid.—Varicose veins, with small and bluish ramifying venules at different spots; varices on the legs, with inclination to formation of ulcers.

Hamamelis.—Enlarged veins, with a feeling of soreness of the affected parts, especially during pregnancy; burning and bleeding hemorrhoids, with weakness and pain in the back, as though it would break.

Pulsatilla.—Disturbances of the venous circulation; varicose veins on the legs, with a bluish tinge, with sore and stitching pains; passive hemorrhages.



### *NUX VOMICA IN FEVERS.*

By MARK EDGERTON, M. D., Kansas City, Mo.

[N studying nux vomica we are impressed with the fact that it is a remedy adapted to persons of an ardent character, irritable, impatient temperament, disposed to anger, spite, or deception. We also discover the nux patient is oversensitive to external impressions such as lights, odors, noise, etc.]

Any fever or ailment in which the above mental condition is present may call for the remedy under discussion.

I have found it quite often indicated in intermittents, and in the beginning of typhoid fevers. In intermittent fever I usually find aching in the lumbar region and down the thighs, a headache referred to the occiput, or a dull heavy headache all over the head. Chills running up the back, aggravated by the least motion or uncovering. Taste bitter, sour, or musty; tongue coated, heavily white or yellow in color. A desire to be well covered during the heat because the chilliness up and down the back is aggravated by uncovering or moving. This desire to be covered and the chilliness from uncovering or moving continue into the sweat. During the apyrexia, expect to find that the patient does not sleep well, awakens at three or four in the morning and cannot sleep for an hour or so, and then falls into a deep sleep from which when he is aroused he complains of being so tired. His head feels heavy, dull, or large; his tongue is coated, mouth tastes bad, he is very irritable, is nauseated, and thinks if he could only vomit he would feel relieved. He is constipated, has frequent desire to go to stool, but has no movement at all or an unsatisfactory small movement, which requires considerable straining. This is the sort of patient who, if

not thoroughly grounded in homeopathic principles, will resort to calomel, compound cathartic pills, seidlitz powders, quinine, whisky, and beer to clean him out, drive out the malaria, and brace him up.

The cardinal symptoms in the intermittent fever calling for this remedy are: 1. The aching, drawing pains in the lumbar region and down the thighs. 2. Chilliness in the back and limbs made worse by uncovering or motion. 3. The desire to be covered up well and not move even during heat and sweat because of the chilliness produced in uncovering or moving.

When these are present and marked, we can be sure of finding all the accompanying symptoms under the remedy.

In typhoid fever nux may be indicated in the early stage. Patient tells you that he is restless at night, sleep full of anxious, confused dreams. Is drowsy after meals and early in the evening. Can hardly keep awake, but about two to four in the morning becomes wide awake. After an hour or two of wakefulness, falls asleep, awakens in the morning unrefreshed, and more tired than when he went to bed. His head feels large and heavy. He is chilly from the slightest motion. He is weak and chilly and desires to lie down and be covered up. He has yellow or white furred tongue, or maybe a blackish coating on back of tongue. What he eats and drinks is tasteless, or else is bitter or sour. Patient is constipated; usually has a desire which may be urgent for stool, which when gratified gives no relief; says that he must sit a long time and bear down. Passes only a small amount of fecal matter, and feels as if more should follow, but it does not despite his efforts. He suffers from nausea, and thinks if he could only vomit he would get relief; or he vomits. Face is yellow, flushed, whites of eyes are yellow, there is an over-sensitiveness to all external impressions.

In yellow fever there is yellow skin, pale or yellowish face, especially around mouth; eyes injected, yellow, and watery. Dark rings around eyes; tongue slimy or dry and cracked, and red on edges; thirst for beer or stimulating drinks; burning in the stomach; pressure or cramping pains in the stomach; vomiting of sour, bilious, or slimy substances; hiccough, dizziness, or headache; trembling of the limbs; cramps in

different parts of the body. Contraction of the abdominal muscles; thin, slimy, bilious, or bloody stools, burning pain in the neck of the bladder with difficult urination; coldness; lameness and cramp in the legs, cold feet, excessive anxiety, fear of death, despondency or loss of consciousness, delirium with moaning and groaning.



### MEDICO-GYNECIAN EPIGRAMS.

By S. S. STEARNS, M. D., Washington, D. C.

I WISH to say a word for the good old family doctor, and what he can do for suffering woman in some of the ailments peculiar to her sex.

The surgeon, just now, is getting all the glory and most of the "boodle," and the physician must bestir himself or he will be lost to the public. The victims of barbarous treatment, like the poor, are always with us. There are many women that are too poor or too timid to call the surgeon. The doctor must take care of them, and must do it well, and well he can do it, if he will try to make himself master of the means nature has placed at his easy call and use. The call is strong and loud, like we read of, "a voice crying in the wilderness."

The poverty of good results from common practice is now the chief cause of so many surgical operations, also of so many that result in untold misery and unhappiness. It is sometimes a difficult matter to decide when medicine should give way for surgery. No one can rejoice more than I in the wonderful achievements of the modern surgeon, God bless him, the wise one, I mean; yet to err is human, and to cut is often only skillful mutilation.

Of a necessity one paper is too brief to more than mention the names of the many ails of the female peculiar to her sex.

I can touch only briefly on *one* subject and some of its causes and complications, and the remedies that have done me honor in the selection, and brought comfort to many unhappy women.

I hope I may be pardoned if I smile only on the doctor, and forget the surgeon.

Vaginal leucorrhœa, cervical leucorrhœa, uterine catarrh, chronic cervical endometritis, or



endocervicitis, uterine leucorrhœa, et id omne genus, are all in our grasp, and all yield to medical treatment, if the patient is curable, and the patient is often more troublesome than the disease. More about this point later on.

The causes are many and often unavoidable. Among the causes we mention the following, the most common: lacerations of the cervix uteri, rising too soon after labor, non-lactation, too protracted lactation, repeated miscarriages, displacements of the uterus, pressure of the distended rectum, use of caustics, excessive sexual activity, nymphomania, scrofulous cachexia, tuberculous diathesis, irregular menstruation, cold wet feet, hepatic disorders, and many other causes, predisposing or exciting, like colds, tight-lacing, gonorrhea, irritating injections to prevent conception, pessaries, tight sphincter ani, standing on the feet too long, as shop-girls.

Remember that patients with uterine disease take cold easily. The physical character of the flow does not count in the treatment very often unless the peculiarity of the discharge continues the same for a long time. You will find the flow white, watery, milky, cheesy, curdy, stringy, yellow, brownish, and greenish all in the same patient perhaps in time. The conditions which give rise to these qualities are accidental and depend upon the passage of that flow through the vagina.

In vaginal leucorrhea, however, the peculiar character of the discharge is more significant. Study your patient well. Study her first mentally, then study her temperament, then study her physically.

You are perhaps not the first physician she has consulted, and perhaps not the last one unless you do good work. Be patient, be sympathetic, be positive in all things, yet guarded in your promises to cure speedily. Let the patient do the talking and you study any peculiar nervous impressibility, or irritable state of her nervous system.

Look out for all rheumatic and neuralgic complications, as the patient often thinks only of these in judging of your success. It is sometimes important to know whether this disorder has been hereditary in the patient's family. Study the habits of your patient, corsets, sewing machine, high-heeled shoes, excessive bicycle

riding, taking long walks during the menstrual period, and it is remarkable how many women like to go about just at that time to tell their lady friends "I am all right."

Our first object is to diminish the passive congestion of the pelvic organs. The patient should lie down for a few hours each day, though too much rest becomes injurious when it interferes with nutrition. Dr. Weir Mitchell's famous method of treatment of chronic uterine diseases consists of complete rest associated with a fattening diet and massage of the whole body. Stop the frequent use of warm water injections in small quantities; give large quantities and at night only.

You will get but little result except cleanliness. Medicated injections are allowable, but of little help to anyone.

One word about the patient. If your patient is of the so-called scrofulous cachexia, you will be apt to find that her trouble is endocervicitis and perhaps subinvolution, and dates from her last confinement.

This cachexia predisposes to this form of uterine inflammation.

Too frequent or irregular menstruation may develop a state of hyperæmia in the vascular membrane lining of the cavity of the uterine cervix in this patient. If the ulceration is deep-seated and granular in character in the scrofulous patient a large quantity of pus may be secreted from the surface of the sore. The real pathology of scrofula is deficiency or degeneration of the tissue walls. This allows extravasations of blood, and diapedesis of white corpuscles, forming eruptions and suppuration. It is not "bad blood," but bad tissues.

In the tubercular diathesis the same conditions will prevail, except you will find less swelling of the cervix and perhaps more erosion and a more watery discharge. With these patients restrict the use of water injections. For local treatment try *pinus canadensis* on a cotton tampon renewed once in three days. Insert in the os a suppository of *hydrastin mur.*, made up with cocoa butter, this being held in place by the tampon.

Do not be tempted to use mineral astringents to check the leucorrhœa in these cases, for if you do you will develop a cough that may become

troublesome to your patient and to your conscience. You can change your pinus can. after the tumefaction has been somewhat reduced.

I do not often use glycerin in these subjects, and I fancy the discharge it creates, so beneficial in many cases, is too much of a drain and does not seem the proper thing. Cerates of hydras. can. and iodoform work well where the discharge is not so copious, and they are very pleasant to the patient. With this class of patients you will find that the first indication is to have them sufficiently nourished to bring their blood up to the healthy standard, otherwise you will find your labor and remedies go for naught. Work up that diet list with a vim, and impress the necessity of a strict obedience to your orders.

Keep the patient from long walks. The friction of the cervix against the vaginal walls increases the erosion and pain in the back.

For internal treatment by way of the mouth, the first thing to be done is to order a good diet, and the next thing to do is to see that your orders are carried out.

The next thing to do is to give the patient one, or two at a time if necessary, of the five following remedies: Kali sulphuricum, nat. muriaticum, hydrast. can., hel., and silicea. These for the animal, the mental remedies will be the same as for other patients. The chief indications as they occur to me are as follows: kali sulphuricum, menstruation too late, slimy yellow discharge with much pus. Nat. mur. acts on the lymphatic system. Hydrastis can. is the sheet-anchor of your hopes.

Through the organic system it has three special centers of action, to wit, 1st, mucous membranes, 2d, digestive organs, 3d, glandular system. There is no other remedy like it in all our materia medica, and the half has not been told. Read it up in Hale and Burt.

The mucous membranes of the outlet of the body are under its control wonderfully. The remedy has great power as a nutrient tonic. It stimulates the digestive process and increases the assimilation of food.

It acts on all the glands of the body, particularly the glands of the cervical canal. Use it externally, internally, and eternally.

Helonias is a great friend to the enfeebled

woman. It acts through the sympathetic in some way that has not yet been explained to my satisfaction. This remedy was born with a breech presentation, as old Dr. Hering styled it—referring to those remedies that came to us through clinical fields.

I feel as if I could not "keep house" without the remedy in a large bottle all the time. In prolapsus, retroversion, and anteversion it strengthens the uterine ligaments, reduces the congestion, and relieves from that inexpressible torment the "consciousness of a womb."

Put it on the front shelf and look at it every morning when you go into your office. The fifth remedy is our own silicea, a great remedy for swelling and suppuration of glands, a sworn enemy to scrofula.

What a charm it works in imperfect nutrition, not from want of food, or from poor food, but from imperfect assimilation!

These remedies are about all you need. Now as to the everyday case that you are called upon to treat in the otherwise healthy. The local trouble is about all that you need look after. You find the mucous membrane of the cervical canal is inflamed, when the os externum has been lacerated the lips gape and the mucous membrane is thus everted.

This condition has been called ulceration, but in fact it is rather papillary erosion. This raw-looking surface is a newly formed granular secreting surface like the cervical mucous membrane and adds to the extent of secreting surface and increases the leucorrhœal discharge.

Retroflexion of the uterus favors this condition. In these cases when menstruation is irregular and increased in quantity, you may suspect that it is due to extension of inflammation upward to the endometrium.

If the internal os is open you can pass the cervical suppository through and relieve the higher inflammation in a marked degree. The discharge is seldom acid and excoriating in character unless there is ulceration of the womb.

The diagnosis between cervical catarrh and endometritis is difficult and in many cases cannot be made. If the length of the uterine cavity is increased you have an indication of endometritis, also the contingent distress and

pain in the sacral and lumbar regions are rather increased.

One of the most troublesome conditions that retard cure is the formation of cysts, the whole cervix being often converted into a mass of cysts. When recognized by the touch open them with a narrow bistoury and inject weak bichloride. This is not surgery, it is only good practice.

Those cases that show much granular degeneration are often the first to get well. I have learned to fear the case of much complaint in the patient and a large secretion of mucus. Do not get alarmed if your patient delays the cure for months. Do not use caustics, as they are no more indicated than in nasal catarrh. Do not use the curette with the belief that the patient gets well more quickly. These cases remind me of the boy who had a whipping; he felt better when he was done aching.

Even our Pratt is forced to say "The possibilities of repair of this organ are greater than you would expect sometimes."

Physicians succeed in curing catarrh of the stomach, intestines, larynx, bronchus, kidneys, and bladder, and it seems just as reasonable to believe that they can cure a catarrh of the cervix and vagina, though I confess it will take more time because as a rule the last-named is more of a chronic affair when the doctor is called, and also the causes are more difficult for us to control. First try to remove the cause just as much as may be possible. Some causes antedate your call, but others are continuing. Displacements may be corrected in retroversion by Paul Mundé's knee-breast posture assumed by the patient night and morning while the corsets and tight clothing are removed.

Your wool tampon will do double work, by holding your medicament and also holding up the womb. Keep the bowels free, in your own way, as pressure from a distended rectum delays cure. Prevent excessive sexual activity. You will find that often a cause, and you can never cure a case as long as this continues. It works well sometimes to hint to the man that you have observed some symptoms of paresis and would like five or six months of quiet life to determine *his* condition.

Irregular menstruation must be set right.

Calc. carb., menses too early, too long, too profuse; no contractive power in the uterus; sensation of cold damp stockings on the feet. Secale, the same, with colic, cold sweat, small pulse, discharge thin, bad odor. Sepia, too early, too profuse, pain from the back forward, and bearing down. Puls., head symptoms and pains of great importance, menses delayed, gastric states, vomiting, diarrhea, fugitive pains, morning nausea, chilliness, weeping mood and wretchedness, also heart symptoms.

Hel., too frequent and profuse in women feeble from loss of blood.

Heaviness, languor, drowsiness, sallow suffering face, backache constant in renal region, poor appetite, feels bilious. For cold wet feet, lay down the law and leave it to the miserable patient and her conscience. Hepatic disorders, study ac., nux., alo., ly., merc., phos., hel., bry. Tight sphincter ani and hemorrhoids will keep up a very trying congestion.

Study nux., æs., alo., collin., injections of ham., pinus can., and a suppository of bell., æs., and ham. The lung symptoms in these patients are always to be carefully examined. Study bry., phos., hepar sul., tart. em., sil., sometimes puls., calc. carb., and arsiod.

Stomach sympathy in these cases is of such magnitude that one may well think that it is like the condition in pulmonary consumption, almost the cause. One thing is sure, your success in curing will depend largely on the control of the digestion.

Study nat. mur., carb. v., ly., nux., hydst., hel. All that I have said about hel. holds good in this case and *this more* great prostration of the nervous system, feeble pulse, paleness, and icteric color of skin, loss of appetite, tongue red at tip and borders, white in center, eructations, vomiting, borborygmi, sorrowfulness, and melancholy, patient excitable and wishes to be let alone. Kidneys all wrong.

Here comes again my old friend hydst. can. in all his glory. Its value is indisputable in gynecological practice in the treatment of endocervicitis, cervical hyperplasia, and catarrhal conditions of the vaginal and uterine mucous membrane.

Its stomach symptoms are great lassitude, exhaustion, obstinate constipation with dull

headache in the forehead, urging to urinate, large, swollen, flabby, slimy-looking tongue, sour eructations, cannot digest bread and vegetables. Note that. Empty, aching, gone feeling in stomach aggravated by eating. Keynote: Palpitation of heart, and sometimes sympathetic sore throat. Bladder and urethra troubles call for attention more from accidental association than from their relationship.

Study apis, bell., canth., can. sat., eupat. purpureum, senecio aureus, hydrt. There is one pointed indication in the treatment of these disorders upon which, I believe, all doctors agree. That is the use of glycerin to reduce the swelling of the cervix. I never have heard of anything as reliable. Always use the best glycerin in the shops. The determination of blood to the cervix, its stasis therein, and the engorgement of the capillaries, all cause an excessive secretion from the cervical glands. By the use of glycerin you accomplish two important changes, you reduce the swelling and thereby render a cure attainable, and also you remove a prime cause of displacement, *i. e.*, weight of the organ. Glycerin is innocent of any reflexes. If the swelling is large, soft, and spongy in feel, use glycerin and ext. of pinus can., half and half. If the swelling is hard, and brawny to the touch, use glycerin and hydrt. can. half and half. The erosion yields about the same to each.

Hydrt. works better with the scrofulous subject than any other remedy, *i. e.*, the cure remains permanent after its use. Our remedies internally for the cure of the swelling are apis, bell., con. m., æs. hip., arsioid., hydrt., lil. tig., and hel.

Pain as a factor is of twofold importance to the doctor. 1st, as a rule these patients are induced to call on the physician more because they feel some pain than that they have a discharge. 2d, if that pain is not cured the doctor will get but little credit for his labor.

Now these pains are not in the uterus itself so often as in the appendages.

Prolapsus of the womb or ovaries, inflammation and enlargement of the ovaries, ovarian irritation, irritable bladder, and hemorrhoids are chiefly the causes of the pain. To cure these pains will try the best physician's skill and patience.

Fortunately for the sex we have a very large list of remedies to study. I mention bell., kali c., colo., lach., caul., cim., apis, puls., cup., phos., ham., con. m., lil. t., hel., and viburnum.

Lach., apis, cup., kali c., and phos. should be given in the middle to the higher potencies. Bell., caul., cim., con. m., lil. t., hel., viburn., and ham. yield the best results to me in tinct., first dilutions, and first triturations. The nervous conditions are more prominent in some cases than others, due no doubt to the temperament of the patient and not to be considered as a separate form of disease. Hysteria may be associated and even become so prominent as to need a special treatment. Just here homeopathy proves superior to all other methods of treatment. Undoubtedly we have the best the world gives to man to-day.

Look at ig., caul., cim., sep., puls., lil. tig., gels., hel., cham., senecio, and hyos. Look at them until they become living spirits, willing active agents in your hands for the relief of suffering woman.

Mark Twain has said, "It was wonderful to find America, but it would have been more wonderful to miss it." I claim no discovery, but in thirty years of practice, one could not miss it all. If I have encouraged anyone to make a greater effort I have done well.

In the language of Tiny Tim, "May God bless us all."



### ASSEVERATIONS ONLY?

By R. B. LEACH, M. D., St. Paul, Minn.

**N**INE-TENTHS of our Medical Colleges teach nine-tenths Surgery to one-tenth Medicine.

One-tenth of our Medical Colleges teach nine-tenths Medicine to one-tenth Surgery.

Nine-tenths of all taught in nine-tenths of all our Medical Colleges is impracticable nine-tenths of the time to nine-tenths of all Medical Doctors.

The one-tenth taught our Medical Students is used nine-tenths of the time by nine-tenths of our Medical Doctors.

Nine-tenths Medicine to one-tenth Surgery, therefore, is the desideratum of the future Medical College.

**RELATING TO CHLOROFORM IN OBSTETRICS.**

By EVELYN S. PETTIT, M. D., New Brighton, Pa.

IN the July 15 *HOMOEOPATHIST* is an article from the *Medical Times* on "Chloroform Narcosis in the Lying-in Chamber," with a note by the editor. If I may be permitted, I should like to tell a little experience on the editor's side of the question.

A little less than four years ago attended a primipara. Patient very nervous. About beginning of second stage of labor she began to have slight convulsions. Belladonna was first given, then a few whiffs of chloroform. The latter stopped the convulsions, but soon she began to have severe pain in the left side in region of heart. She declared she must be raised up, or she could not get her breath. Every recurring labor pain aggravated the heart pain. We raised her up, but they still got worse, and pretty soon both circulation and respiration stopped, and we thought she was gone. A hypodermic of brandy with some between the lips revived her though, and the pain grew less.

Child was born some six hours later without further serious complication.

After it was all over they told me she had had trouble with that side before, so I did not think of blaming the chloroform.

Two years later attended her in second labor. Patient very nervous, but no convulsions. As pains became severe gave a little chloroform, soon after which the same heart symptoms appeared. They culminated more rapidly than before, but the chloroform was stopped, and amyl nitrite administered and the trouble ceased.

Afterward the husband asked me if I did not think the chloroform was responsible for the trouble. I had been so sure before that it could do no harm in confinement cases that the idea of attaching blame to the anæsthetic had not occurred to me.

A week ago the third boy came to that household. Length of labor the same as before. No anæsthetic used, no heart pains in any way, and patient made better recovery than at either of the other confinements.

Was the chloroform responsible for the heart trouble at first two labors?

**SIXTH INTERNATIONAL HOMEOPATHIC CONGRESS.**

THIS congress will be open to all persons legally authorized to practice medicine in their country. Persons not having this right may be present at the sessions, but will not be allowed to take part in the discussions.

The Committee of Organization seeks to put itself in communication with foreign physicians: first, to obtain special reports for each country, giving all facts concerning homeopathy since the last quinquennial report (London, 1896, the date of the present Congress having been advanced one year, on account of the exposition); secondly, to secure papers on the different branches of homeopathic theory and practice. The papers are to form the subject-matter of discussion during the sessions and will be printed in the report of the Congress. All papers should be in the hands of the Committee of Organization by the 1st of January, 1900. Such papers as may be approved by the committee will be printed beforehand and distributed to the members of the Congress who ask for them, instead of being read during the sessions.

The subjects of discussion are divided into the following groups:

1. General Medicine: physiology, general pathology, bacteriology, ætiology, diagnosis, and prognosis.
2. Materia medica and pharmacy.
3. General therapeutics; posology, polypharmacy, isopathy, serotherapy, opotherapy, electrotherapy, hygiene.
4. Applied therapeutics; monographs and observations.
5. Specialties; obstetrics and gynecology, diseases of children, dermatology, ophthalmology, otology, laryngology, surgery, odontology, veterinary medicine.
6. Varia; history of homeopathy, professional interests (teaching, propaganda, press, hospitals, dispensaries).

Different members of the Congress will be named beforehand to examine the papers concerning each of these groups and to prepare summary reports. Ten minutes will be taken for the reading of each of these reports. The

discussion will begin immediately after ; each speaker will have the floor for five minutes. The discussion may be closed by the president, if it threatens to crowd out the discussion of other important subjects. The authors of papers, if present, will have the right to speak last, during ten minutes.

French is to be the official language of the Congress ; but English, German, Italian, and Spanish may be used during the discussions, on condition that an interpreter is found among the members of the Congress.

Active members pay a subscription fee of 20 francs ; those who are merely present at the sessions pay 10 francs. These fees, which are intended to defray the expenses of correspondence, printing of papers and reports, etc., give a right, for both classes of subscribers, to a copy of the report of the Congress.

The French homeopathic physicians offer the banquet to their foreign associates.



### LITERARY STEALING.

WE have noted for some time past a tendency on the part of some of our contemporaries to publish papers presented to the American Institute, or other society, without giving credit to such society. It may be a rule of the journal to do this ; but it is wrong, just the same. The journal attempts to deceive its readers with an original paper, when the fact is that the paper is the property of some State or National society, for whom it was prepared and to whom credit is due. If the author, in lending a copy to the journal, waives this right of society-credit, we hold him guilty with the journal of a bit of small practice ; the correction of which should be attempted by the society in refusing to publish the paper in its transactions or otherwise recognizing its society origin. It is one of the foundation laws of journalism to give credit for articles copied, and no self-sufficient rule of the journal, nor connivance of the author, can hide the painful fact that the journal is receiving subscription under false pretenses.



Brandy is said to be more constipating than whisky, says an exchange. Better try beer.

### TWO COLLEGE OPENINGS.

THE Chicago Homeopathic Medical College will open its winter course on the evening of September 26, with Professor Dr. T. E. Roberts of Oak Park, Ill., delivering the chief address. Those of us who had the great pleasure of listening to Professor Roberts' paper in the American Institute on Military Surgery—that wasn't the title, to be sure—will know the treat in store for the audience upon the above-named evening. He not only prepares a fine paper, but he garnishes it with a fine address and delivery.

On the morning of the 20th of September the Cleveland Homeopathic Medical College will open its fiftieth annual session in the college building on Bolivar Street with Dr. J. M. Lee of Rochester, N. Y., as the main speaker of the occasion. This gentleman is too well known to require any but the merest mention of his name to assure our readers that the Cleveland Homeopathic will have a good audience and an instructive address.

We have a reason for singling out these two colleges at this time from the mass of other college notices received, and that is the Dominance of the Medical Idea in the Opening of the Medical School ! Let the precedent be abundantly copied ! Both these colleges have selected eminent brethren of our profession to do the honors, and we are prepared to go bail that they will do those honors in royal style.

Let us eventually also introduce this commendable feature into our Commencements. Nothing can make a deeper and more lasting impression upon medical students, either in the beginning or at the close of their college apprenticeship, than addresses, which necessarily take on the form of personal experiences, from men in our profession who have passed from the hard benches, on through the first few years of celluloid laundry, shiny princealbert, and "plug-hat," through the thrice-heated furnace of poverty and bad bills, up to the point of established reputation and success. We know of no preacherman anywhere—and we say this with respect—who can so enthuse and encourage a class of medical students as a successful man of their own looked-forward-to profession. In both instances the selection of the chief speakers was

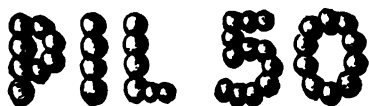
well made; and we send and extend our congratulations to the colleges and to Messrs. Drs. Roberts and Lee.



## Book Reviews.

**A PRACTICAL TREATISE ON THE SEXUAL DISORDERS OF MEN.** By **BUKK G. CARLETON**, M. D., Genito-Urinary Surgeon and Specialist to the Metropolitan Hospital and Polyclinic of the Metropolitan Hospital; Consulting Genito-Urinary Surgeon to the Hahnemann Hospital, etc., New York. New York: Boericke, Runyon & Ernesty.

This excellent treatise is a book written by a man who always finds a hearing with the profession. The topic is a most important one, and as Dr. Carleton is thorough master of the subject; his instruction is good and its consequence ripe with good results. The book is not over large, but neither does it scrimp on any of the topics. It is clear and logical, and deals with the subject in a candid and original way. It is divided into twenty-one chapters, and then is followed by a section on therapeutics which is very good. It is a good book for a homeopath to own and use in his daily work.



### *An Effectual Bar.*

#### *To Medical "Poney-ing."*

All examinations will be in writing, unless otherwise directed by the faculty. No printed or written matter will be permitted in the room during the examination. Any student found having in his or her possession any printed or written matter, whether pertaining to the subject under examination or not, will be required immediately to leave the room, and the instructor will not receive or consider his or her papers. Each student will provide himself or herself with pen and ink only. Paper of uniform kind and size will be furnished by the college. After the questions have been distributed no student will be permitted to leave the room, for any purpose whatever, until his or her paper has been completed and handed in.

[We clip the above from the Annual Announcement of one of our leading homeo-

pathic colleges. No one will deny the prevalence of "poney-ing," and, also, the futility of trying to prevent it. Did ever a medical class pass through its examinations, without surreptitious helps? We doubt it greatly. We have, ourself, sat like a Penitentiary guard on top of a high wall, Winchester resting suggestively across our lap, conducting a materia medica examination. And yet "poney-ing" was going on in wholesale fashion all the while. We know of one instance where each member of the gentler sex of the class came into the examination room with an extra petticoat on (so we were told afterward), filled with pockets easily reached by the experienced hand of her whose chief occupation in life was once believed to be to rock the cradle—and each pocket carefully stocked with flexible-backed text-books—enough of them to carry the dear, little, base deceiver clear through the four years' study. A laughable incident was recorded later in that several of the class, who each copied the same answers, were graded differently by the examiner! In another case, somewhere in the effete and down-trodden East, a class was to be examined in an improvised room for fear that in the regular classroom "ponies" would be used. When the class passed into this temporary frame structure a convenient knot was found in the cheap flooring, which soon became a hole through which an examination paper was passed to a confederate beneath. The answers were quickly ready, and a little tap on his foot covering the knot-hole signaled their return. After that the whole class answered the questions.

So long as a uniform set of questions is submitted to each member of the class, with permission to write the answers, there will be "poney-ing" and there is no help for it. The mind is prolific in devising ways to carry illicit information into the examination room. Signs of innumerable kinds, taps, grimaces, sneezes, coughs, sitting in various postures, shuffling the feet, scratching the head, etc., etc., are current and resorted to. The most remarkable thing about this practice is, that, like taking advantage in a horse-trade, it is not considered wrong to overreach your dear confiding college professor. The best and most conscientious of the class,—the dear girls who are leaders in the college

prayer-meetings and Y. W. C. A. work and would rather pray than eat—are as eager to be guilty of this fraud as the most indifferent student and incompetent in the class. Like stealing from the government—it is not wrong! There would seem to be no sure way of preventing “poney-ing” except to blindfold the graduate, strip him to the “buff,” scrub him to remove any secret cipher on the skin, examine him further, as the customs officials do who are dealing with diamond smugglers, then take him alone into a room and give him three or four penitentiary guards to watch him after he removes the hoodwink. The author of the *Caligula Pandects* above assumes that all “poney-ing” is done by means of books and written matter. He is either a young professor or else has forgotten his own experiences in examination time.

After all, however, the true solution of this question lies in doing away with the temptation to resort to trickery. Every medical educator of any experience knows, as does also every practical teacher in any of the arts and sciences, that these rigid finals are indicative of rarely anything beyond the tar-bucket memory; and that the best and most practical, and later, most successful users of the school's knowledge, are often those who, by reason of the peculiar surroundings of the examinations, made miserable failures. Indeed in the recently closed war, when we study the men who have done such wonders and the manner of its accomplishment, it moves one to think twice before condemning a boy who fails to carry off the blue ribbon, the Reward of Merit card in three gaudy colors, and the bouquets at the graduation. The technical knowledge taught in the schools, oftentimes by good teachers, but unfortunately, impractical, fad-bitten, hobby-ridden men, is sometimes the very best thing in the world to promptly forget. Several of the chief incidents in the world's history were consummated by going contrary to the technical knowledge up to that date. We know this was true with Napoleon, and with our own immortal Grant. We know it has been brought home to us by our “peerless” Dewey.

What, then, shall we substitute for this relic of the mediæval schools? Why, simply an

examination from day to day, while the student is bright upon the subject. Let him be judged not only by his parrot-like answers, but by all the other evidences of knowledge and his general deportment. When you come to think of it, you very well know that *your* chief object in college days was to “pass.” When, then, you had passed, you began to study medicine in deep earnest. Take away the idea that to “pass” is the chief aim of college life. Let it be replaced by a desire to become good and efficient medical men! It is, indeed, an injustice to expect a young mind to appear at the last moment, to be penned in a stuffy room, and then to be ordered to deliver up at a moment's notice all the varied and variegated “knowledge” that had been pumped into him during a year or more of lectures by sleep-compelling professors. The very dread of such examination will oftentimes create havoc with a man's memory. For a final examination is not like drowning,—where all of life's deed's and misdeeds pass before the drownee's mind in the space of a second or two. It is more like hanging, or getting married, where the dread of the awful ordeal at hand paralyzes all the nerve centers and makes a man a maudlin fool.

### *The Journal of the American Medical Association.*

Dr. Matthews, in his presidential address, disagreed entirely and unequivocally with the advocacy of a censorship in the management of the Journal, believing that if one article read before the association was refused publication, the pledge and obligation of the association were violated; the reader should select the wheat from the chaff. In connection with the business interests of the Journal he suggested that a suitable man, preferably a doctor, be selected to travel, with the object of increasing the membership of the association. He believed there were many hundreds of worthy physicians in the United States, ignorant of the manner of becoming members, who would readily join the mother society if properly approached. He believed that the added membership would more than pay the salary of such an officer.—*The Charlotte (N. C.) Med. Jour.*

[It might be well for that Committee of the Institute to whom has been given the investigation of the Transactions-question, to communicate with Prest. Matthews touching this, and,



other complaints, concerning the publication of the Institute Transactions in journal form. We have not given the subject any attention of late ; but we recall that some years ago there was evident a good deal of dissatisfaction with *The Journal* (the official publisher of the Am. Med. Association), as appeared in other journals. We have no desire to discourage the proposed change from book to journal form ; but we deem it wise to counsel discretion. It may be possible to so enhance our Transactions in their present form by the addition of less money than would be required to start a new journal. The complaint seems to have measurably centered about the paucity of reports—in short the economical end of the business. It will cost a good many dollars, first and last, to adopt *in toto* the plan of the American Medical Association for preserving our Transactions. The stenographer's bill alone is annually one thousand dollars. It would seem from the second part of the article that new members are desired, and that a plan has been evolved for bringing in the dilatory doctors.]

#### ***A Familiar Form of Teaching Materia Medica.***

Eupatorium resembles bryonia in many ways. It has intense headache, sore eyeballs, thirst for cold water, constipation, and even the dry, hacking cough, during which the patient supports the chest with the hands. In bryonia perspiration is profuse ; in eupatorium, scanty or absent. Again, the eupatorium pain makes the patient restless, while the bryonia keeps him very still. *Asclepias tuberosa* is very similar to bryonia in its pleuritic and chest symptoms. *Panniculus bulbosus* presents stitches in the same locality as bryonia, which impede respiration in a similar manner.

*Pulsatilla* might be thought of when bryonia was really indicated. Bryonia has too profuse menses, too plentiful flow of milk, which is aggravated by motion. *Pulsatilla* has too scanty menses and meager flow of milk, and is ameliorated by motion. The sensation of numbness in those parts, peculiar to *pulsatilla*, is not found with bryonia.—*Eclectic Medical Journal*.

[We have all heard this form of lecture. We have all listened with both ears, and when we had finished listening we were as wise as before ; or less so. It is much like that "receipt" for making lye : you put in so much, stir it so much, then stick in a spoon : if it swims—or perhaps

it is if it sinks—it's one way or the other, anyway—the lye will be good. If this teacher, and others of his ilk, will take bryonia and study it singly and solely for what *it* will do, and then *tell* that to the class, then some knowledge of bryonia will be gained. But not in the comparative way above shown. Let the comparisons come later. Show what bryonia is, what it has done, and what it can do. Then stop ! that's the way to teach materia medica !]



### **Globules.**

The Ohio University question is shelved for the present, whereat it is easy to understand there is great rejoicing in certain quarters. But it is not dead, brethren, only sleeping. It will be heard from soon.

The Ann Arbor school is at work arranging for its next spring's post-graduate course. These have thus far been most excellently contrived and conducted, and speak well both for the school as a whole and for the professors as individuals.

In future physicians in the State of New York will not be able to testify in a court of law either during a patient's lifetime or after his death as to his health when alive. An amendment to that effect has just been made to the civil code and has received the signature of Governor Roosevelt, the *Investigator* says.—*Medical Examiner*.

A writer in *Nature* speaks of the medical tyranny which banishes the strawberry from the diet of the gouty, and notes that Linnæus considered that he had been cured of this very disease by free use of the fruit. He goes on to say : "Although strawberries are forbidden to the gouty by some authorities, by others they are permitted; the fruit being regarded as a useful food for gouty persons on account of its richness in the salts of potash, soda, and lime, and its cooling, diuretic, and laxative qualities. The analysis of the strawberry shows it to be particularly rich in soda salts, and in spite of the high percentage of water this fruit excels all other common fruit in the amount of mineral salts. The chemistry of the strawberry, there-

fore, would teach that this fruit is likely to be beneficial in gouty states."

**A feverish** patient is always thirsty. A drinking tumbler of pure\* cold water, in which a teaspoonful of sweet spirits of nitre has been poured, is a refreshing drink, a few swallows of which may be given at frequent intervals.

**Amyl nitrite** is credited with a great many wonderful properties. Not least among the number is its effect upon whooping-cough by using a 10 per cent. solution in alcohol, and giving one drop in a little water after each coughing spell.

To reduce high temperature caused by diseased conditions, give ice-water enemas. They do not disturb the patient like a bath, are harmless, easily administered, and grateful to the patient. This is particularly advantageous in climatic heat cases.—*The Medical Summary*.

To remove glass stoppers apply a drop of glycerin to the stopper and let it remain one or two hours. This is advice given to nurses. Fancy waiting one or two hours for a stopper to loosen! A quicker way is to subject the neck of the bottle to an alcohol flame, or to moist heat of a wet towel.

**Dr. Edward Blake**, who has recently written a book upon the hand, states that the nails are pale in hectic and in anasarca, gray in serious internal disease, yellow in jaundice, white in convalescence, chalky in some forms of paralysis, acutely livid in ague, and chronically purple in cyanosis.

**The Clinical Reporter** for September gives a paper on abortion which is far from being as good as the author could prepare. It lacks homeopathy, for one thing. Brer Foulon would have used a blue pencil on it before admitting the paper to his pages. Abortion has been treated, and is being treated every day of the year, by homeopaths with simple homeopathic measures given in a homeopathic way.

**Dr. H. F. Biggar** of Cleveland has had some good results from medical treatment of appendicitis. It is decidedly gratifying to find a man of the standing and surgical reputation of Biggar—for he was a surgeon of accredited and acknowledged ability when many of the present big-guns were small children—to find

such a man depending upon medicine, and homeopathic medicine at that, for the cure of a professedly operable condition. It takes courage as well as skill not to trail after every new fad which flits across the land from distant shores.

**Dr. Le Seur** of the Ann Arbor homeopathic school has not resigned. That was a mistake. He was absent on his vacation when this rumor began to gain currency. He will fill his usual place in the Ann Arbor school.

We learn that in addition to Professor Samuel A. Jones, there are three other professors of the new Detroit school who say their names were used without consent. Say, brethren of the Detroit school, this is a bad beginning. You will lose the confidence of the profession by that sort of work.

**The Dreyfus case**, as it now stands, may seriously interfere with our International Homeopathic Congress next year. Americans resent injustice. And to us, at this distance from the scene, depending wholly upon our daily press for information, it looks very much like a determined and studied effort to humiliate an innocent man. It will be too bad if this verdict is permitted to stand. It will tend to curtail the attendance from America to the Paris Exposition. If it becomes necessary to change our contemplated trip from Paris to other interesting points in Europe we will do so in good time for all interested to rearrange their present plans.

We have at last found a fountain pen which does not require a suit of overalls for its successful use. Where is the doctor with a fountain pen who has not indulged in language unbecoming his most serious moments, when he smeared his fingers and his paper, his vest pocket and his clean white shirt with ink of his leaky fountain pen? This perfect pen is made by the Winton Fountain Pen Co. of Scranton, Pa. Try one of these if you are desirous of having a little jewel in the way of a good writing pen, always ready for work and, above all, clean and neat.

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#### **The American Homeopathist.**

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A. L. CHATTERTON & CO., Publishers.

# The American Homeopathist.

OCTOBER 16, 1899.

FRANK KRAFT, M.D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



1  
CAT.  
E.H.B.

JAMES W. PARKER, M. D.,  
Warsaw, Ill.

### NOT THE CHICAGO CORNER-STONE.

IT will take considerable of the newly discovered Chicago goat serum to make clear to the classical editor of the *Medical Visitor* that teaching materia medica in a homeopathic college is NOT teaching homeopathy, any more than teaching obstetrics or gynecology or pedology is homeopathy. Materia medica is NOT the corner-stone of homeopathy, as we have frequently said and shown, and as any ex-Professor of

homeopathic materia medica ought to know without a diagram. Materia medica is a branch of *every* school of therapeutics, and is NOT a peculiar distinguishing characteristic of the homeopathic college. Before materia medica is trundled to the fore, there should have been a year or two of painstaking instruction in homeopathy!! So that later in the practical course, when the highly ornamental branches of bacteriology and microscopy and histology and physiological physics and Latin-terminology and others are shelved, and materia medica is ready to be seeded, the soil will have been abundantly prepared by homeopathic teaching of the homeopathic philosophy by homeopathic teachers. It is this abominable heresy, into which the grammatical end of the *Medical Visitor* falls so readily, that has hurt homeopathy and which latterly turned sixteen—not twelve—homeopaths into the old school. It is this same belief that the firing a dead-and-dusty lecture on aconite or sulphur over the heads of a class of unprepared men and women would make homeopaths of them. It never has and never will! While teaching materia medica, we taught as much of homeopathy as the limits of our chair permitted. And if the prize-giving, one-dollar-a-year, and very cheap journal will put Signor Macaroni's wireless telegraphy into operation, it may learn that one reason of our being dropped from the teaching corps may be found in the facts inclosed in the above paragraph.



### REFUSING A HOMEOPATH.

BY way of the *Counselor* we are informed touching the refusal of the University of Michigan to admit a student to its summer school because he was a homeopath. A Michi-

gan correspondent says that "it is an unqualified falsehood, or a d— lie!" He states that the student was inefficient and that it was because of that, and on no other account, that he was refused admission. We have not written to the uncle of the youth, who, we are assured, will verify this allegation of falsehood and inefficiency: nor to the Secretary of the Literary Department for the young man's standing. We don't especially care to know. For it reminds us very much of that other young man, whose real home is in Ohio, but who is now languishing in a bastille in Manila, who wrote home to his father that because of writing a letter to Gen. Otis begging for promotion the said Otis had had him courtmartialed and condemned to a year's imprisonment in a military prison. The boy's father took that letter to Gov. Bushnell, and he to Prest. McKinley. Next day the cable said that the young man had been imprisoned for forgery! Evidently in the hurry of the moment he neglected to write this minor bit of news to his father, and he, father-like, pushed for an investigation and got it—where the tender pullet got the ax. If the Michigan youth has been peddling the statement credited to him—that he was refused admission to a State University supported by public taxation, by homeopaths as well as allopaths, because he was a homeopath—then he has been doing a very silly thing, for in the very nature of things a story like that must recoil on his own head.



### **Materia Medica Miscellany.**

Conducted by J. WILFORD ALLEN, M.D., 110 West 12th Street, New York.

References in this department are made by number. See issue of January 1 or December 15 of each year.

#### ***Ammonium Mur. In Intermittent Fever.***

A. W. K. Choudhury: A Mohammedan, aged about eighteen years, was getting rhus tox. for an attack of intermittent fever. The first dose, which was given on the 18th October, 1898, produced that desired good effect which often follows my first dose in treating intermittent fevers; I gave him another dose as usual; no more fever. For some unknown cause he again

became feverish. I gave him two doses more of rhus tox., but with no good effect, when I was compelled to change the medicine. I gave him placebo for two days, and then the following day he was given ammon. mur. His symptoms were as follows: Pulse, small and quick; heat of chest and abdomen, head and face, with cold greasy perspiration of soles of feet and hands and cold ears. Increase of heat at about sunset with chill with no thirst, perspiration of soles of feet and palms of hands. During heat no thirst. Heat well developed on chest and abdomen. Bowels opened. The following evening the patient had a severe paroxysm with shaking chill, with no thirst, but with frequent micturition; chill continued till 2 A. M.; then followed heat without thirst and with no micturition; then there was sweat, greasy, all over body, with no thirst. Chill predominant and long-lasting. Apyrexia before next morning. Pain under percussion on epigastrium and right hypochondrium. Inflation of abdomen less.

Was given placebo. This was followed by no paroxysm of fever at all, daily two stools and disappearance of pain under percussion on epigastrium and right hypochondrium.

Here you see again one dose and recovery in treating a case of intermittent fever.

Remark.—Ammon. mur. may have no thirst in its intermittent fever, as we see in our present case, and in Bönninghausen's "Homeopathic Therapia of Intermittent and Other Fevers"; but Dr. H. C. Allen fails to teach us that. Again we see Dr. Hahnemann's Chronic Diseases and find a thirstless fever of ammon. mur. (See the work, S. 382 of ammon. mur.) We should remark especially the frequent micturition of the patient during chill after using the dose.

#### ***Anacardium in Acute Diseases with Mental Perversions.***

H. V. Halbert, M. D.: Mr. D., a man sixty-three years of age, was brought to Hahnemann Hospital in a state of mental debility bordering upon melancholia. He had been found wandering about the streets and was supposed to be in a condition of acute insanity. There were slight symptoms of right hemiplegia and some involvement of the facial and hypo-

glossal nerves; he was weak and exhausted and showed some signs of fever. After a few days' rest, sufficient to settle the diagnosis, it was found that he was suffering with an irregular form of typhoid fever, and the mental condition was, no doubt, a feature of that disease; the delirium was of the "low muttering" form, so frequent in such cases. Complicating this there was a pronounced acute bronchitis. By the regulation of diet, the proper remedies, and careful hospital care he gradually recovered. The mental state, however, continued, and at times he was extremely violent. It was then that anacardium was given and held to for a long time; five-drop doses of the tincture were administered every two hours. In a few weeks the improvement was quite perceptible, and he continued to convalesce gradually. In six weeks he left the hospital, and recent reports have shown a constant improvement, though the weakness and debility of age retard his perfect cure. It is a question whether the mental acumen will be absolutely restored, but the action of anacardium in such mental perversions is verified by his improvement. A more recent report indicates a perfect cure.

#### *Conium and Its Cough Symptoms.*

Dr. Gilman of Chicago<sup>3</sup>, in an excellent study of this drug, refers to cough symptoms as follows: The cough is very persistent, frequent, and tormenting. The cough is periodical, dry, excited by itching, grating, tickling in the throat and behind the sternum, and is especially evoked by lying down, talking, or laughing. Old people often have a very troublesome cough at night, a dry cough seeming to originate in a small irritated or dry spot in the larynx. Expectoration occurs only after coughing a long time. The cough is apt to continue until a suffocative asthmatic attack comes on. Hacking, almost continual cough at night on lying down. It is one of the best of remedies for the dry, teasing, continuous coughs, worse on lying down at night in old people or in people prematurely old. Spasmodic, dry, teasing cough, worse in the evening and at night, greatly fatiguing the patient in subacute bronchitis. Conium is best adapted to old people or people prematurely old, dried-up old maids, and individuals of rigid fiber,

people with yellow skin and the skin lacking in action, with eruptions of a papular kind, or old ulcerations discharging an offensive ichorous matter. The whole of the symptoms point to the lessened vitality caused by paralysis and lack of nutrition due to the lessened nerve supply.

#### *Muriatic Acid in Typhoid.*

Among the principal remedies for typhoid Whitney, in the Medical Arena, says: Since the introduction of baptisia and its almost universal employment in typhoid fever, muriatic acid has, to a great extent and quite unreservedly, been placed upon the retired list.

This should not be so, for it has its own peculiar sphere of usefulness, and its exact place cannot be filled by any other agent. For the essential lesion of typhoid it is a remedy of rare merit.

The period of its adaptability is during the later stage of the disease, when putridity threatens or has developed. Hale suggests that it is at the time when beef-tea is suitable for the case and advises administering it by adding the dilute acid to the tea.

When muriatic acid is to be of service, there is great weakness, a decomposition of the vital fluids and putridity.

The weakness is so great that the patient slides down toward the foot of the bed, and the muscles of the lower jaw are unable to hold it in position and it consequently drops.

There is low muttering delirium, unconsciousness, and a stupid sleep. The face is red, not constantly so, but in flushes. The tongue is dark colored and so dry and shrunken that it rattles in the mouth, and speech is so difficult as to be wholly unintelligible.

Diarrhea is present, the stools being frequent, scanty, foul-smelling, and often blood-streaked, sometimes amounting to hemorrhage, or containing shreds of the lining of the intestine. The watery stools frequently escape while urinating. The heart beats irregularly, missing every third beat. The weakness is remarkable—almost amounting to paralysis.

Purplish petechiæ and bed sores are liable to form.

The muriatic acid leaders are "Great weak-

ness even to sliding down in bed, and dropping of the lower jaw, putridity, and dry rattling tongue."



### MASTITIS.

By C. C. MEADE, M. D., Cincinnati, Ohio.

**I** KNOW of no subject of such frequent occurrence which has so little literature, both text-book and journal, as the one now under consideration, nor do I have in mind a subject in which its reading matter is so completely contradicted by actual experience as in this disease.

If the effort of my production does sufficiently impress the members of this society to the extent of eliciting a free discussion, then my sincere thanks are due you for the interest manifest in *both* the subject and writer.

To begin, some authors say it is in *every* instance avoidable, from which opinion I beg most earnestly to differ. This question can be answered by *yes* and *no*. If we can by any means afford proper drainage and prevent excessive secretion—yes. This not thoroughly accomplished—no!

Candidly speaking, I do not approve of the germ theory as the origin in every case of inflamed mamma, but am convinced that it comes from external or auto-traumatism with the nucleus of a single cell; this cell becoming hypertrophied, enlarged, exerting a pressure, which may be illustrated by the falling stone into a body of water, *unless* in certain cases in which nature may form a wall of obstruction, thereby limiting the area of tissue involved.

There might be much said concerning the different classifications of mastitis; at this writing I undertake none but that which comes during the nursing period, acute and chronic puerperal mastitis, with a well-selected case of each coming under my personal observation.

About one in five child-bearing women during this period suffer from inflammation of the breasts and more frequently at time of first than during the puerperal period of subsequent births. After the birth of the child the breasts undergo a certain amount of inflammation, which disappears when they are well drained. This is a physiological effect pro-

duced by nature in establishing nourishment for the newly born babe.

It is the suppurative inflammations which require most attention and, I will add, the most careful watching of the practitioner. This pathological condition may be brought about by a recluded nipple or an obstruction of some of the principal excreting ducts of the glands of the breasts.

I would classify into: first, that form which affects the acini of the glands of the breasts, second, the one which affects the connective tissue, or interstitial inflammation; and, third, a sub-glandular inflammation of connective tissue between the gland and the chest wall. The latter is rare, and usually takes on the combined conditions of the three varieties.

I once more refer to the avoidable and unavoidable causes. Milk stasis alone produces an inflammation which will not continue to suppuration if properly cared for, but there are cases of stasis originating from bacteria in which *all* effort will not prevent suppuration. Köstlin, in *American Journal of Obstetrics*, says milk stasis is not a cause, but a result, of mastitis. He says it is only a symptom arising from the multiplying of staphylococci which have entered through the nipple, and he attempts to prove this theory by giving an account of a hospital epidemic which was caused by a sore mouth in one of the nurslings which was allowed to nurse six mothers, all becoming affected in a similar manner. On examination the identical germ was found in the saliva of the baby which was found in the discharge from breast of the mothers which it had nursed.

Being an ardent advocate of preventive treatment, I would suggest the mother be advised to rub the nipple with lanolin each evening for one month before expected confinement.

This should be followed each morning by a lather of white soap, which assists in creating a well-formed nipple and prevents abrasions of the epithelium through which bacteria may pass. Congestion from stasis without bacteria usually involves the acini of the glands, *only* this form may be relieved by gentle massage, applications of heat, with the administration of belladonna internally. If it does not yield within a few hours, cease such treatment and

resolve to care for a more serious form of mastitis.

The interstitial or sub-glandular form of inflammation must have both stasis and bacteria.

The staphylococci, either aureus or albus, are the principal bacteria found, although in some cases a mixed infection is not unusual.

All varieties of mastitis are accompanied by signs of inflammation. The patient complains of being chilly, or has a distinct rigor followed by elevation in temperature and pains in the affected breast. This may or may not be repeated in the non-suppurative variety, but in the suppurative variety the initial chill is followed by innumerable rigors, high temperature, and excruciating pains, which may continue for many days or even weeks.

*Treatment.*—During the excessive physiological function of the breasts in a nursing mother a breast binder should be used. If you can determine that you have the elements of a suppuration with which to contend, take the child from the breast, empty the latter as thoroughly as possible by means of a breast pump, massage, and compress it by a binder and strap to prevent recurrence of milk.

In strapping use adhesive plaster, cutting a strip sufficient in length to completely encircle breast at base, nicking the superior border about every two inches, which will allow this border to overlap on gentle pressure; follow this method until you have entirely covered the breast to the nipple, which must be left exposed. Also leave openings for discharges which must be left free. The strapping should be repeated every forty-eight hours.

May use ice bags (being *very* careful to avoid lung and bronchial congestions) and dry heat; antiphlogistic plaster does good service in certain stages. Treat the abscess surgically; do not wait for pus to come to the surface, but use lance freely at point of least resistance on palpation and in the direction of the radiating lines from the nipple. If necessary make a number of incisions. May operate under local or general anæsthetic. Locally apply cocaine, chlorid-of-ethyl, ice and salt for freezing. After lancing, cleanse finger, introduce into the incision; wash out cavity with two per cent. creolin, two per

cent. carbolic acid, and bichloride 1-5000. My preference for this purpose is peroxide hydrogen, *full strength*. My experience does not prove that its effervescence forces the germs farther into the already wounded and diseased tissues, as is claimed by some writers.

If these foci of infection are not eradicated they will bore and undermine the entire breast. Blow them out with peroxide, and, if large enough to require drainage, put in a rubber tube and dress antiseptically, always using pressure to prevent accumulation of milk.

These conditions are apparently of a local character and require principally local treatment, though I find acon., mer., bel., phy., hepar-sul., rhus, lach., carbo. v. of value when indicated. The patient must be well kept up constitutionally by means of remedies having a tonic effect, using those which in the judgment of the attending physician will do the most good.

It is not judicious to depend too largely upon internal medication, thereby allowing the patient to suffer much unnecessary pain, for pains psychical in character are not imaginary, nor can they be controlled by remedies acting upon the imaginary centers of the human system.

May 17 of this year Mrs. C., age twenty-seven, married seven years, was in her first confinement. After a long tedious labor was delivered with instruments of a nice girl baby, which was followed by every indication of a good recovery, until about the seventh day, when she developed a violent infection, having four of those chills,—which are never forgotten when once witnessed,—with a temperature of 106.5° at the time or before the violent shaking ceased. All remedies ordinarily given, including uterine irrigation, were resorted to with no improvement. At this time I realized that death would result from puerperal septicæmia if something more could not be done, and knowing the husband and mother of the patient were without hope I resolved to renew the fight upon a different method of treatment. I immediately ordered 45 cc. of antistreptococcic serum P. D., which I gave hypodermatically in three equal doses twenty-four hours apart. At the end of thirty-six hours I observed a slight improvement and the end of the fourth day an erysipelatous rash developed rapidly which soon covered

the arms, chest, and back. I continued treatment with placebo, awaiting cessation of effects of serum. The rash continued about four days, followed by exfoliation of epidermis of affected parts. At this period I was confronted with a serious form of suppuration of left breast, which was treated as described above. Though it was very painful and continued for many days, at the end of five weeks the patient was rapidly convalescing, sustaining the loss of affected breast for nursing, but retained the function of the right, which without any trouble whatever provided abundantly for the nourishment of the babe and continued to do so to date.

The chronic form of mastitis may come any time during the nursing period. There is but little inflammation and pain. The gland becomes indurated, enlarged. The first symptom observed is, the mother complains of milk being thick and too yellow. On examination will find the discharge has penetrated the wall of excretory ducts and is escaping through the nipple.

These cases are better from an incision being made, allowing the pus, intermingled with milk, to escape by this means instead of from the nipple. Many times the discharge is profuse and continues for a great length of time.

The child should be taken immediately from the breast, the part cleanly dressed as often as dressings are soiled. With more treatment I have had no better results. These conditions, self-draining, are slow in healing, continue for a great length of time, and are almost painless.

In February of this year Mrs. S., age twenty-two, married one year, was in her first labor. Nothing unusual was observed during or after confinement until the beginning of the fifth week. I was called to examine what she thought was a tumor of the right breast. On manipulating I found a discharge from the nipple of pus and milk. I immediately lanced the abscess, which was followed by a gush of greenish-yellow discharge. This was at no time painful, but in spite of all effort in treatment continued to discharge for half a year with the loss of breast nourishment of child. The opposite breast remained in good condition, which secreted a good supply of milk and sustained a healthful, thrifty baby.

### DR. DUDLEY'S FACULTY REPORT.\*

... In a conversation held last September with Hon. N. C. Schaeffer, State Superintendent of Public Instruction and President of the State Medical Council, he inquired as to the result of the College rule requiring an elementary acquaintance with Latin as a preliminary to matriculation. He seemed to me to entertain a doubt whether the College was able to live up to its rule, though he did not express it in words. Accordingly, soon after the opening of the session, and before the entire Freshman Class had matriculated, I prepared and forwarded to him a careful report, exhibiting the names of seventy freshmen (all who had been matriculated up to that time), with the educational qualifications and credentials of each matriculate. The exhibit showed that the large majority of them had acquired the requisite knowledge of Latin in high schools, academies, and colleges, and held duly authenticated certificates to that effect. Another portion of the class had pursued the study under a tutor, with the special object of meeting the prematriculate requirement, and presented certificates of progress from their tutors. Two or three passed in Latin before the Faculty's Examination Committee. The total result showed that about 10 per cent. of the Freshman Class had to be conditioned, and that 90 per cent. of the class measured up to the Latin requirement for admission to the College. The exhibit was an agreeable surprise to me, and I have not the slightest doubt that it was exceedingly gratifying to President Schaeffer.

Probably the most important advance or improvement in the curriculum during the year just closed was the extension of the Laboratory Course in Chemistry. This work now extends over two annual terms, instead of but one, as heretofore. The application of chemistry to medicine is constantly widening, and the extension of the Laboratory Course is timely.

\* This paper, which appeared in the *Hahnemannian Monthly* recently, although particularly prepared for and in the interests of Hahnemannian Medical College and Hospital of Philadelphia, we reprint almost entire because Dr. Dudley reviews and criticises the modern trend of medical education in a masterly way, and suggests many excellent improvements.—*Editor*.



While on this subject, I desire to state that Professor Platt, who, by the way, enjoys no little distinction among the chemical scientists of the day, has expressed a strong desire to abandon totally the old scheme and methods of instruction in that department, and to substitute a new plan more in accord with the modern conditions of the science and more in harmony with present educational philosophy. When asked why he had not made the change, he replied, in effect, "Because, while the new scheme would make far better chemists, and especially better medical chemists, it would leave our graduates unable to pass the examinations of the various State Licensing Boards." I may add that Professor Platt is not the only medical teacher who is complaining of being handicapped by our recent medical legislation. This fact, however, is not an argument against the existence of the State Boards, but it does suggest the necessity of bringing their work into more practical and co-operative relation with that of the medical schools.

Members of the Alumni Association, and homeopathic physicians in general, are aware of the frequent expressions of professional dissatisfaction with the education of homeopathic students in the more strictly homeopathic branches. These unfavorable comments are directed against nearly or quite all the homeopathic schools of the United States, including our own Alma Mater. Indeed, I must admit that I personally hear more of them in reference to the school with which I hold official relation than any other. Possibly the teachers in other schools have a similar experience, but that is a matter with which we are not now concerned. We have before us the fact that our professional brethren think *our* students are not properly or sufficiently qualified in homeopathic practice.

We received, a few weeks ago, a communication written on behalf of a small but influential organization of homeopathic physicians of the western part of this State, in reference to this subject. The communication was of the most courteous and kindly nature, and breathed a spirit of friendly and intelligent interest in the welfare and usefulness of the college. So important did the matter seem, that a special meeting of the Faculty was called to take the

subject under consideration, with a view to remedying the condition complained of, if possible, and at least to arrive at an understanding of the causes of the complaints, more particularly.

At that meeting all the more important criticisms that had come to the knowledge of members of the Faculty were brought forward for discussion. It appeared that most of these criticisms were based on observations of the *practice* of our graduates, rather than on any knowledge which the critics had obtained respecting the practitioner's educational acquirements. This faulty practice is, of course, susceptible of two different explanations. It may be due either to the practitioner's lack of knowledge, or to his lack of a due conviction of the superior advantages of homeopathic treatment. It therefore became necessary to ascertain, if possible, to which of these causes the apparent lapse in practice must be ascribed, as a preliminary to the adoption of any efficient measures for its correction.

A careful study of the college curriculum and roster reveals the fact that the branches designated as "homeopathic" now occupy the following periods of time during the student's complete course: Homeopathic Pharmaceutics, 28 hours; Homeopathic Materia Medica, 168 hours; Homeopathic Institutes, 28 hours; Homeopathic Therapeutics (illustrated), 56 hours; Homeopathic Clinics, 168 hours; Homeopathic Sub-Clinics, 32 hours; total time devoted to instruction in homeopathy, 480 hours.

In the days when Hering, Lippe, Guernsey, Raue, and Farrington were with us, and when their influence was so potent in molding the policy and directing the work of the College, the total number of hours devoted to the strictly homeopathic portion of the student's education was less than three-fourths of what it is now, and the opportunities for clinical illustration were not worthy of comparison with what they are at the present time. Distinguished as these great men were for their learning and skill, there is no ground for the assertion that in the work of instruction they were any more skillful and efficient than their successors of to-day—or any more devoted and conscientious. Moreover, the final college examinations in recent

years are at least as broad, as searching, and as exacting as they were in the institution's earlier history; nor was the student's capacity to acquire knowledge any greater than it is now. We know that his preliminary education was far less than that of his latter-day *confrère*.

With these facts before us, we are forced to the conclusion that the defective quality of the practice of our young graduates is not due entirely, or even chiefly, to their lack of education, and that the college may not be to blame for it, after all. But let us look a little farther.

The modes and directions by which, and along which, medicine has advanced in recent years have attracted the close attention both of the profession and the world. During these years it has been utterly impossible for any intelligent practitioner of medicine to avoid the feeling and sentiment of intensest interest in the new methods of surgery and in the new fields into which surgery has carried its brilliant triumphs. But in the present discussion the significant fact is that the *certainty* of surgery has far outstripped the certainty of medicine. Because of this, our physicians, young and old, allopathic and homeopathic, have regarded with less concern the tendency to substitute surgery for medicine whenever and wherever the former method holds out its brilliant promises of alleviation or of deliverance from danger. Again, the wonderful increase in our knowledge of disease causes is leading thousands of physicians into an endeavor to satisfy the demands of their professional office by treating, or trying to treat, the real or supposed cause of the disease under the mistaken notion, apparently, that removal of the originating cause will necessarily arrest the morbid processes.

But the chief and predominant cause of the noticeable defection in homeopathic practice, for which the colleges are being exclusively held responsible, is the widespread prevalence and the insidious influence of modern quackery, and especially its influence upon the opinions, ethics, and practice of the medical profession. Not alone in our colleges, but in our hospitals and dispensaries, in our society discussions, in our journal articles, and even in our text-books, and

last, but not least, in the offices and the daily practice of the vast majority of physicians of all schools, the evidences of its pernicious presence are all too plainly visible. Our eyes and ears are so familiarized with it that we are fast losing for it our old-time loathing and abhorrence. Quackery, like other forms of vice,

"Is a monster of such hideous mien,  
That to be hated, needs but to be seen.  
But seen too oft, familiar with her face,  
We first endure, then pity, then embrace";

and such has been our professional history with reference to modern quackery. So plausible have been its approaches, so insidious and deceptive its propositions, and so multiform its development, that the medical profession has been lulled into fancied security until we are now awaking to find ourselves well-nigh helpless in its tightening toils, and are learning that while we have slept the positions of the physician and the druggist have been reversed, and that the manufacturing pharmacist has become the prescriber, and the physician the mere dispenser of the pharmacist's more or less secret nostrums. When we alumni, and we college instructors, and we leading practitioners, and we molders of professional opinion, dishonor ourselves and our calling by employing remedies on the recommendation of the flaunting advertisements of their manufacturers, is it any wonder that young graduates forget that there is such a thing as honor among medical men, and begin to fancy that we are, after all, but little better than a community of quacks?

But, gentlemen, our Faculty has no desire to evade its full measure of responsibility for the present state of affairs. On this subject I happen to know that our teachers are rendering "line upon line, precept upon precept"; yet we equally assert that there are possibilities as yet unfulfilled, and efforts, such as have not been made heretofore in the college history, will mark the work of the coming session. But you will not—you must not—expect that our Alma Mater, alone and unaided, can stay the tide of professional disloyalty that rolls around her walls and surges in at all her windows. Meantime criticisms and suggestions will be gladly and gratefully accepted, from whatever source.

**BRYONIA.**

By E. FORNIAS, M. D., Philadelphia, Pa.

Give the gastric symptoms of bryonia.

Dryness of the mouth with thirst for large quantities of cold water, which relieved bitter taste and inclination to vomit. Tongue coated white. Food lies heavy in the stomach after eating (nux v.). Makes him fretful. Epigastric region painful to touch; so sensitive can't bear clothes. Eructations after eating, sourish, bitter. Nausea on sitting up, or on moving; must lie quiet. Vomiting of food, and bile, leaving a bitter taste in mouth. Stools acrid, bilious, and pasty, or large, hard, and dry as if burnt (sulph.). Worse in warm weather and from eating fruit.

Give the diarrhea of bryonia.

Diarrhea of warm weather, especially after eating fruit or vegetables. In the morning after getting up and moving about (nat. sulph.), preceded by cutting pains. Stools are copious, but rather pasty; or bilious and acrid, and smelling like old cheese, followed by a burning in the anus (ars.). It may be also induced by taking cold drinks when overheated.

Give the bryonia catarrh.

Hoarseness, hacking cough, which sets in especially in the morning and evening, and is generally dry or yields but little mucus, and sometimes streaked with blood; often so violent that it causes retching and actual vomiting, and compels patient to press hand on sternum, as if in need of support (nat. sulph.). Sternum becomes very sensitive. The stitching pain in throat and chest and pressing pains in the head are characteristic and made worse by coughing and moving, or breathing deep. Irritable and angry.

Give the hepatic symptoms of bryonia.

Hepatitis with stitching, lancinating pains. Wants to remain quiet. Tongue coated white (ant. crud.). Dryness of buccal cavity (ars.). Desires large quantities of cold water. Obstinate constipation; stools dry, large, and hard; only after much effort. When gastric and hepatic symptoms concur. After chagrin. Pain in right shoulder.

Give the headache of bryonia.

Bursting, splitting headache, worse from stooping, coughing, or moving head (caps., nat. mur.); usually frontal and running to back of head. It commences in the morning, not on waking, as in lachesis, but when first opening and moving the eyes and head. Pressive, occipital headache, drawing down into neck, better towards noon, or extending to shoulders with vertigo, worse from motion or exertion (petrol.).

When is bryonia indicated in mastitis and milk fever?

In mastitis during lactation, when the abscess is due to accumulation and retention of the flow of milk and the breast assumes a stony heaviness, is hot, hard, and painful, but not very red, with tensive, burning, and stitching pain. In milk fever when the chill predominates, and the gland, which is the seat of the pain, becomes at once sore and sensitive to touch or motion. Especially if the patient should take large draughts of water during chill.

When is bryonia indicated in eruptive fevers?

When the rash develops slowly or suddenly recedes, with difficult respiration, dry cough, or inflammatory affections of the chest. In measles when apt to become typhoid, or the patient shows signs of pneumonic complication, or epistaxis appears.

Give the bilious remittent fever of bryonia.

Slimy and bitter taste, aversion to food, eructations; tenderness and oppression at the pit of the stomach; vomiting of food, mucus, and bile; stitches in the hypochondria, and soreness and tension in the hepatic region; short chills, alternating or mixed up with heat of the body; a small, frequent but somewhat hard pulse, along with occipital, or splitting headache through temples, dry cough; constipation; pain in the back and limbs worse, from touch or motion; dullness of sensorium and aversion to noise and mental exertion. Yellowness of the skin.

Give the action of bryonia in serous and fibrous tissue.

Stitching, tearing pains, worse from motion and touch. The affected part becomes

tense, swollen and pale red, and very sensitive to touch. In serous membranes when effusion has taken place, especially in the pleural sac; or before, when the stitching pains in the thorax compels the patient to remain in perfect quiet, the pains becoming worse on taking a deep inspiration.

When is bryonia indicated in typhoid fever?

In the erethistic stage, before vitality is low, either with constipation or diarrhea, if lassitude, heaviness of hands, dizziness, shooting or jerking headache, epistaxis, white-coated tongue, lips parched and cracked, great thirst, loss of appetite and empty eructations are present, especially if patient is restless and must move, but is worse from the motion. The nocturnal restlessness and delirium, about business of the day, are characteristic. Pneumonia and pleuritic complications. Constant motion of mouth as if chewing.

Give the sore mouth of bryonia.

Mouth and lips very dry (*nux m.*), only momentarily relieved by drinking. Lips parched and cracked, wants to wet them with the tongue. Drinks large quantities of water (*ars. reverse*). Aphthous patches form in the mouth and fauces. Tongue coated white (*ant. crud.*). If a child, it does not like to take hold of the breast, but after the mouth becomes moistened it nurses well.

Give the epistaxis of bryonia.

It occurs in the morning after rising, often waking the patient from sleep, about 3 A. M.; less frequently during the day. The blood is florid (*acon.*). Often after suppressed menstruation; vicarious. Indicated when a concomitant of typhoid fever.

Give the constipation of bryonia.

Diminished intestinal action; no desire to evacuate the accumulated feces (*alum.*); hence obstinate constipation (*opi.*). The stools are large in form, solid (*calc. ost.*, *verat. alb.*); dry as if burnt (*sulph.*), and expelled only with great efforts.

Compare morning diarrhea of bryonia with *natrum sulph.*, *sulph.*, *aloes*, and *podophyllum*.

Bryonia comes on suddenly, early in the

morning, as soon as patient rises and begins to walk about; worse in warm damp weather. *Nat. sulph.* soon after rising in the morning. Sulphur, almost involuntary, driving out of bed in the morning. *Aloes* rises out of bed at 6 A. M. *Podophyllum* painless from 3 A. M. till 9 A. M. followed by great weakness in the rectum.

When does bryonia take the place of aconite in pneumonia?

When the fever continues and the restlessness subsides; but the cough is still dry, hard, with occasional blood streaks. The anxiety now is due to the oppression of chest, and the patient wants to remain quiet in order to get relief.

Compare the headache of bryonia with that of *spigelia*, *silicea*, and *carbo veg.*

Bryonia has sticking, jerking, throbbing headache from forehead back to occiput. *Spigelia* darts behind forward through the left eye. *Silicea*, the pain comes up from nape of neck through occiput over vertex, and so down upon the forehead. *Carbo veg.* has dull, heavy pain extending through base of brain from occiput to the supra-orbital region.



### A GOOD HOMEOPATHIC COLLEGE.

WE refer to our alma mater—the Homeopathic College of Missouri, located at St. Louis. It has kept the pace, is in the race and up to date. We are very proud of its new buildings and its new men, all of whom, the latter, are known to us as good homeopaths. We were in the last class which held forth in the ramshackle moved-away-from disreputable neighborhood on the corner of Carr and Tenth. But, while that was a miserable makeshift of a building, the class was loyal and bound together in an effort to be good homeopaths; and a call of the roster of that class to-day will disclose that it has done well its part.

We miss several of our old professors. There was dear old "pap" Edmonds, who has ceased from his earthly labors. Then there was that *Materia Medica* writer and teacher Kent—now sleeping (and eating) in Philadelphia in a little college all his own. We note the absence of our

favorite Medical Jurisprudence professor and many times editor of the *Clinical Reporter*—the irrepressible Foulon. Obstetrics and Gynecology were represented in the persons of Prof. Ordway and Prof. Mrs. Pearman, both of whom left the college the same year we did, and later joined issues,—as Foulon would say,—got married, and went West, where they still abide for aught we know. Our always good-natured, patient, and gentlemanly Dr. Campbell is still at the old stand; so is the imperturbable Morgan, who could teach anatomy as we have never heard a teacher to do since. Scott Parsons, the elder,—who *would* wear a grass-green neckscarf, and keep his coat and cuffs on when doing the most difficult of operations,—who can forget him or cease to love him? It is wonderfully beautiful and appropriate that our three greatest American surgeons, Helmuth, Ludlam, and Parsons, should each be able to hand the lighted torch of surgical success not only to a son, but to that son named like the parent! Schott, who punctured the negro assailant with a sword cane, still presents the smiling visage, though somewhat shorn of beard, to the later classes that he did in our time; always gentle and kind and enthusiastic. But the physiology teacher,—alas! we have forgotten his name,—he who used to go to Colorado every year after the holidays, because of some interest, we believe, in the wine business; who of his many classes has forgotten that part of his annual lectures where he expressed his indignation that people going to heaven should be represented as reconstructed like birds with feathers and wings? Come to think of it, Spalding was his name. Chemistry was a variable quantity. Its professors came and went as they listed or as they happened to be elected.

Among the new faces, new to those of us who have been away from the school for a number of years, is McElwee, who looks now like a reformed priest, and as if something had happened to him while in Europe. Richardson, the debonnaire, we know well and admire. Harris was always a good worker and a good homeopath. Comstock is there too, whom everybody knows and wonders at because of his wonderful vitality and capacity for hard work and good work, just such work as we are authorized to receive. E. B. Nash, he of the *Leaders* fame, and Fahne-

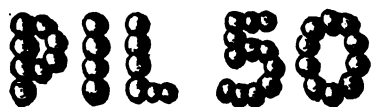
stock, then of Lafayette, Ind., now of Dunham College, were favorite teachers, always sure of attention and respect.

We feel that we, too, are getting old when we look back at that trying period in our life, when we were arrayed in becoming simplicity and celluloid collars, and had not yet been guilty of attacking homeopathy and its foremost colleges. We note how the foreheads are getting higher and whiter on some of the dear professors; and how in others the silver threads are outracing the darker ones; our own ambrosial locks have taken on the tint and stint of age. We feel, every day of our professional career, the desire to thank our alma mater for grounding us so steadfast in the doctrine of Homeopathy. But for its kindly attention and instruction we too might have fallen by the wayside with the other sixteen, or turned out an eminent surgeon or gynecologist.

The present Homeopathic College of Missouri is the same good school it was when we sat at a washstand table for a desk, and sometimes found a choice morsel of the upstairs cadaver artistically intermingled with our noonday lunch by the usual scamps found in every medical class. It has kept up with the day. Not saying by that that it has fallen away from the True Church of Homeopathy—for it hasn't; but it has added to itself all the other good things which to-day are required in the medical graduate. A reading of the announcement shows it is still made of the good old stuff; that it is not blinded by modern fads and fancies. It is indeed a good school, and worthy the attention of every good homeopath everywhere. In the long ago, before we helped to ballast the class, and disrupt the faculty, it had its customary professorial squabble; but that is ancient history now. They dwell together in unity down there in St. Louis in this college. We greet you again, dear Cherishing Mother of our Medical Infancy!



The Ladies' Hahnemann Monument Association is not dead. We have just received another request for a contribution of from \$2 to \$10. The letter also states that the Association has turned over \$500 to the Hahnemann Monument Committee of the American Institute; thus giving practical evidence of its existence and labors.



### ***Saying One Thing And Meaning Another.***

We like the close of Dr. Knight's editorial. He says: "The new college has for its motto the good of homeopathy. Homeopathy will be taught by all its professors. Homeopathy will be its watchword and its warcry." These sentiments will have the support of everyone, and if it sticks to its lines there are none but will wish the trustees and faculty God-speed. We believe the more good schools we have the better for the system, just as we believe the more journals and the more good practitioners are beneficial. Good institutions do good. It is the disreputable, like the old college they once had in Detroit, that hurts. We trust that no such experience will befall the profession again. True, the American Institute of Homeopathy stands as recognizing the old school as in good standing when in 1893 it elected one of its graduates a member, or rather dated back his membership to the time he graduated from the old school.—*The Medical Visitor*.

[This is an extract from an editorial designed, apparently, to pat the new Detroit school on the back, but in reality only a thin disguise for a nasty stab at the American Institute of Homeopathy and an eminent brother editor. Perhaps this is the best way to keep the peace and advance the cause. Perhaps, also, not. If the professed opinion in the above were the true opinion of this rapidly-becoming-famous journal, then very soon We, Us & Co. might start another homeopathic college in Cleveland; for it would take but little printer's ink to show that the present college does not control *all* of Ohio, since many Ohioans are found in the Chicago, Philadelphia, and New York schools. If this editorial had appeared in the AMERICAN HOMEOPATHIST, the *Medical Century* would have exclaimed: "That's just like Kraft; he's fighting the Cleveland College again; won't somebody please prescribe some materia medica for him and see if a little tact cannot be infused into his editorial make-up?" But for a journal which in two years, notwithstanding its yellow color, its unseemly commercial hustle, and its resort to penny-prize-packet policies, has overleapt all the other, older, and one-time-thought-

to-be more influential journals, to do this thing, looks bad, very bad. Somebody will be saying presently that it ought to offer some more rewards for papers on "how to conduct a medical journal" without copying Kraft's peculiarities and failings.]

### ***A Belated Sensation on a Dead Issue.***

The Cleveland *Press* says there is a sensation brewing because of the dropping of some of the former faculty in the Cleveland Homeopathic College. We did not believe that the union of the two schools in Cleveland was a good thing at the time it was accomplished, and from what has occurred since still think it was a mistake.—*The Medical Visitor*.

[For goodness' sake, H. D., don't do this again! If you see anything in the Cleveland *Press* the chances are—well—that you have seen it there. But don't build too strongly upon that as a foundation. There is always a sensation brewing—in the Cleveland *Press*. That's its normal condition. What worries us most is that if the item above quoted should meet the eye of the head editor of the *Medical Century*—now temporarily sojourning and resting his travel-stained and footsore feet in voluntary exile—he would instantly sit him down to his inkstand and prove that Kraft and Biggar wrote that *Press* item; that these twain are at their old tricks again, trying to dishonor and dismantle the Cleveland College; and we have about all we can carry conveniently. For the head editor of the *Medical Century* knows that it was we who instituted the Palmar Arch; who objected to the holding of official State place by a college professor; who fought the Cleveland college because we were dropped from its faculty for cause; who caused sixteen full-grown men and homeopaths to publicly abjure homeopathy; who upheld the Ohio State University idea; who believe in elevating the medical standard so that an honest doctor could practice in Ohio without miles of red tape, and that those hell-hounds—the three-day cure men—should be scourged out of the Temple of Medicine, say, into Indiana or Illinois; it was we who were principally engaged in that infamous verdict at Rennes; who officiated largely at the Tragedy on Calvary; and many

other things not now recalled. Truly our burden is greater than we can bear. Therefore, Brer H. D., let up, please, on the Cleveland College. There was a period of time when such an item, or a more expanded article, would have been *de rigueur*, as we say in Patee. But that time is past now—let us hope, forever. At that referred-to period the *Visitor* was engaged in the noble and glorious purpose of coining votes for one of its editors, with neither time nor backbone to tell the truth lest such writing offend and cause the loss of necessary votes. Having reached the heavenly goal, with the votes, at the expense of a many-years' friendship, the *Visitor* seems now ready to belittle and bedevil a dead issue, thus putting itself in the class with the *Medical Century*, which is also writing editorials that would have been new and apropos about seven months ago. Let up, let up !]

#### ***Old-School Therapeutics for Whooping Cough.***

Whooping cough is holding its own and is annually claiming many victims. As yet no specific has been discovered. But fresh air, warm clothing, inhalation of formaldehyde, antipyrin, tonics, and an abundance of easily digested food will do much to make the little sufferers' life tolerable and lessen the mortality.—*Milwaukee Medical Journal*.

[Whereupon Dr. E. A. Brown of Madison, Wis., says: "This must contain much comfort for the old-school practitioner, as well as incentive for a doctor of our school to return to the flesh-pots of Egypt. Are the old school in search of specifics now, or is that a slip for phagocyte or toxin ?

"From a physiological standpoint, how scientific to give antipyrin to a poor infant struggling with pertussis ! It seems to me that it would make the little sufferers' life more tolerable in another sphere ; it certainly would not improve his chances of staying in this.]

#### ***Why Do the Heathen Rage ?***

Dr. Frank Kraft, editor of the *American Homeopathist*, just cannot keep from digging away at the Cleveland Homeopathic Medical College. The issue of July 1 bore a whole column telling how Dr. Henry M. Smith of New York visited Cleveland and didn't become a

guest of the faculty of the college. 'Tis a constant nightmare with the tactless editor of the *Homeopathist*—that college is. Will not some good materia medicist find the remedy for it ? Dr. Kraft seems not to be able to do so, though a past-master of materia medica himself.—*Medical Century*.

[Goodness us ! Somebody must have found the shoe to fit ! The remedy for the tactless editor is not found in the homeopathic materia medica. Nor yet in the "Homeopathic Text-book of Surgery," which seems to have lost its purchase on one of our principal homeopathic colleges this semester. It consists in the occasional assumption by medical editors that the Cleveland College, bad as it was, good as it is, does not contain all the homeopathic virtue of the city. An impartial editorial of the *whole* Cleveland profession can neither safely nor truthfully be written with your feet beneath the college mahogany. But, there, we've been and gone and done it again ! Woe is us !]



### **Obituary.**

DR. WILLIAM T. BRANSTRUP died at Indianapolis on August 15, 1899, of cerebral hemorrhage, after an illness of several years.

Dr. Branstrup was one of the oldest practitioners of the Middle West. He graduated from the Eclectic College in Cincinnati, in 1859, and from the Hahnemann, of Chicago, in 1877, continuing in active practice until his health failed. He settled first in Vincennes, Ind., later in La Porte, Ind., and finally moved to Topeka, Kan., where the remainder of his professional career was spent.

He was one of the advanced men in the profession and strove always to keep abreast of medical progress, subscribing to all the magazines and new text-books, buying the latest instruments and refreshing himself by attendance upon clinics in the medical centers of this country and Europe.

Personally, Dr. Branstrup was of a genial nature, one whose presence in the sick room contributed as much as did his medicine to the patient's recovery. He took an active interest

in affairs outside of his profession and was in all ways a model citizen.

He joined the American Institute of Homeopathy in 1877, belonged to the local societies, and was a prominent Mason. His widow, only, survives him.



### DR. I. T. TALBOT.

At a meeting of the committee appointed by the President of the American Institute of Homeopathy to draft resolutions on the death of Dr. Israel Tisdale Talbot, the following were presented and adopted :

In accordance with the inexorable law which governs all created things, our colleague and ex-president of the American Institute of Homeopathy, Israel Tisdale Talbot, M. D., has been called to rest from his labors, therefore,

Resolved, that we deplore the loss of one who, having the deepest interest in the cause of Homeopathy, had done more than any other member to insure the growth and success of this Institute. Possessing great executive ability, eminently gifted in the organization and government of large bodies, to him this Institute is indebted for its admirable constitution and code of by-laws.

We shall miss him at our gatherings, as he was rarely absent from our meetings, miss his words of counsel, his matured judgment in all matters appertaining to the furtherance of this body, miss his cordial greeting and his interest in each individual.

He could truly say, "I have fought a good fight, I have finished my course, I have kept the faith." We are confident "that henceforth there is laid up for him a crown of righteousness."

Resolved, that the American Institute of Homeopathy extends to his widow and family the deepest sympathy in their great bereavement; that these resolutions be entered on our record, and a copy be transmitted to his family.

HENRY E. SPALDING, M. D.,

HIRAM L. CHASE, M. D.,

CONRAD WESSELHOEFT, M. D.,

ADELINE B. CHURCH, M. D.,

FRANK C. RICHARDSON, M. D.,

*Committee.*

## Book Reviews.

**TEXT-BOOK OF ANATOMY BY AMERICAN AUTHORS.** Edited by FREDERIC HENRY GERRISH, M. D., Professor of Anatomy in the Medical School of Maine, Bowdoin College. Illustrated with 950 Engravings in black and color. Lea Brothers & Company, Philadelphia and New York, 1899.

This book is a decided improvement upon all other text-books of anatomy with which we are acquainted. It is even better than that familiar one-time-necessity for every medical student of whatever school of practice : Gray. In a general way it looks like Gray ; but a careful examination instantly dispels the similarity. For Gerrish is not only better arranged for study purposes, but its language is more that of the day, and not so frightfully involved and interwoven with the Greek and Latin. Its pictures are superb, the coloring being very distinct and appropriate. It has the additional merit of being by authors who are familiar with the needs of the American student ; for it goes almost without saying that the student of America is very greatly different from the student of Europe. The American student must have things made plain to him, so that he may quickly grasp the matter and go on to other things. He has not the time nor the inclination to divide hairs on classical words or subjects ; he wants the practical side promptly. In Europe, where a longer term of study is required, more time can be devoted to moot points, and in order to make literary doctors. Hence we admire this American book being directed to the needs of the American student. Among the co-authors we find the names of Arthur Dean Bevan, William Keiller, James Playfair McMurrick, George David Stewart, and George Woolsey. The book is therefore brought up to the last moment of scientific discovery, containing interesting and intelligent chapters on the X-Ray, etc., etc. It contains nearly 900 pages ; but they are so bound that the book will lie open at any point, without breaking its back. The typology is fine ; and, indeed, the whole book is a fine production of authors and publishers. We have but one concluding reflection to make, and that is to call attention to the world of dif-



ference between Gerrish and the earlier works on anatomy—Wilson was one of them—which had no engravings ; and the study of which was unaccompanied with dissections—or if one lone cadaver was stolen some lonesome, dark night the Professor did the work while the class sat up in the amphitheater and looked on as best it could. Get your student this latest and best book on anatomy—Gerrish—and be assured that he will not shirk its pages as you and your associates did when you had Gray to “bone” on !



### Globules.

On the evening of October 19, 1899, Dr. Hamilton Fisk Biggar, Jr., will be married to Miss Anna Harman Ely of Cleveland with appropriate services in Trinity Cathedral. We extend heartiest congratulations to our young friend, whom we have learned to love and esteem for his many manly and professional qualities.

“**Nux Vomica** in its Gynecological Relations” by Dr. H. F. Biggar, Cleveland, lies before us in reprint. This is one of the fine *materia medica* papers presented to the Ohio State Homeopathic Medical Society at Springfield this last annual session. Dr. Biggar has prepared an excellent paper and we are glad it is in reprint. It contains many grains of comfort for the homeopath who dabbles in gynecology.

A correspondent commenting upon some of our recent editorials having reference to certain alleged homeopaths, says : “ I sat under the teaching of some of these men and I still recall with wonder the green soap salve and its mixture of ingredients that was applied openly in clinic for skin lesions, etc. And no one told us better—I see that Prof.—— is out this year and a younger man, who graduated with me five years ago, is in that place full-bloom and perfect as a specialist. One becomes more experienced in specialties in the large cities than we do in the country, but I wondered if his practice was such that he can yet afford to discard the celluloid cuffs and collars he used to wear as a student. Imagine a man who could wear such filthy things on his own person being

in a position in this short time to instruct hundreds of others how to treat patients ! They ought to teach their students cleanliness and not bother so much over germs and antiseptics.”

The Cleveland Homeopathic Medical Society has opened up for its fall and winter term in the new Chamber of Commerce building. It had its first meeting on Wednesday, September 20.

The committee to arrange the American end of the International Homeopathic Congress is Dr. Garrison of New York, Dr. Bushrod W. James of Philadelphia, and Dr. C. W. Butler of Montclair, N. J.

We have word from England, private correspondence, which makes it appear that the Dreyfus decision will cause a good deal of hesitancy there about attending the International Homeopathic Congress.

The current number of *Lippincott's* has one of its famous complete stories, entitled “Love Across the Lines.” This deals with some warm incidents in the Civil War. The story is well told, and in our estimation possesses so many novel features that it would be a leading play if properly dramatized.

The Detroit Homeopathic College in the Detroit *Free Press*, of last Sunday says that it opened its schools with about 35 students, among these being seven who will graduate in the spring. The article is accompanied with some fine portraits of the chief members of the faculty ; the “write-up” is cleverly done, especially as it describes the scope of *materia medica* and shows that no ‘prentice hand is employed in preparing its literature.

The Cleveland Homeopathic Medical College is issuing a *Bulletin* under the editorship of Dr. J. Richey Horner, the efficient Registrar. It promises to be a Clinical Record of the clinical doings of the college and hospital. In the course of a few numbers, when the clinical material becomes more copious, it will lay off some of its college-fied composition. Dr. Horner is an indefatigable worker, a good and clever writer.

In the Menu of the luncheon given on Steamer *Monmouth* by the New York State Committee on the occasion of the Naval Parade in New

York Harbor on September 29, in honor of Admiral Dewey, it is notable that from among the various brands of champagne G. H. Mumm & Co.'s Extra Dry was selected to be served exclusively; a very proper recognition of this meritorious champagne.

**Dr. William Davis Foster**, 420 West Eleventh Street, removed his office to the Altman Building, Southeast corner Eleventh and Walnut Streets, Room 522, Kansas City, on September 15.

The *Clinical Reporter* makes some corrections in its current issue. Among these is the following: "On page 254, first column, ninth line, 'winneworst' should read 'weinerwurst,'" which causes our limburger-käse assistant to smilingly remark that the erratum was better than the correction.

Do not wait too long in engaging your berth with this editor for the 1900 European tour. There will be a great many people going across the water next year, and steamer-berths will be at a premium. Even at this early time, before the 1900 rates are known, applications are pouring in for transportation.

It looks to us as if the Ohio Medical University has had considerable of a split-up as the result, apparently, of an effort on the part of its faculty to be affiliated with the Ohio State University. Strange how a number of men can be combined together to do a flagrant wrong to another man? We have no information as to how the other professions fare in this respect; but it sometimes seems to us that it is an inherent condition of every medical faculty to have quarrels and dissensions. Dr. Baldwin, the Columbus surgeon who has been persecuted, according to all evidence at hand, is a nobleman, a good workman, and deserved better of his companions.

What earthly good can come from those diabolical stabs at the Hahnemann Monument Committee which the *Medical Century* is latterly giving them? Haven't McClelland and Smith worked in season and out, carrying this awful load of responsibility for the Institute? The charge of incompetency and later of dishonesty

is outrageous—coming from an ex-President of the Institute. This may be a newly discovered way of helping the American Institute to spread the gospel of peace and homeopathy. But it will signally fail. If some of the colleges and journals which, under the stimulus of a hurrah-moment, subscribed fabulous sums to this monument, would pay up their subscription there would soon be less need for begging. The Hahnemann Monument is a noble enterprise, devised by noble men, and thus far carried along faithfully and diligently. Instead of making the work harder for the committee the *Medical Century* ought to help lighten the burden.

The bugteriological editor of the *American Medical Monthly* objects to Dudgeon's allegations that there is nothing in the dread of the microbe; that the microbe is an effect, not a cause. Well, the b. e. of the *A. M. M.* is not alone in his efforts to save the bugteriological fad from deserved extinction. It has had its innings, and must now give way to something newer. After the b. e. of the *A. M. M.* has read another paper by Dudgeon now in type on this same subject, and the address of Dr. Wilson before the British Medical Association a few weeks ago he may begin to realize that his favorite fad is rapidly on the wane. According to the logic of the b. e. of the *A. M. M.* if he make a statement howsoever preposterous, unless his opponent can prove that it is untrue; the statement is true. The bugterilogists have written many books to prove the truth of their fad. Dr. Dudgeon and a number of other eminent physicians and scientists allege that it is not true, quoting such reasonable testimony as is at hand. But because they do not begin at a b = ab and go down to izzard and disprove each particular nonsensical claim, ergo, bugteriology is a truth and will prevail. In ten years from now the b. e. of the *A. M. M.* will be sorry he made such a determined stand for his present fad.

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A. L. CHATTERTON & CO., Publishers.

# The American Homeopathist.

NOVEMBER 1, 1899.

FRANK KRAFT, M.D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



CAROLINE MILLS, M. D.,  
Evanston, Wyo.

## A REJECTED CORNER-STONE.

**L**ET any homeopath, now in practice, sit him down and study a remedy in any modern homeopathic materia medica, and then, without other aid, attempt to prescribe from such reading for the simplest ailment that could find its way to a homeopath's doorbell—and what would be the result?

\*\*\*

**T**HERE is nothing in the study of materia medica that will direct the student how to care for illness of any kind whatsoever! It

does not inform him of the doctrine of Homeopathy; its policies; its virtues; its acceptance; its provings; its repetitions; its restrictions; its times of giving and of withholding; its alternations or its singleness; the size of the dose; whether in water or dry; whether in pellets or powder; whether it follows one remedy or fights another; whether the patient, after receiving a medicine, is improving or the reverse; whether medicines should act immediately or at a later period, and how long, and how they are expected to act; whether there is to be an aggravation following the giving of medicines or not; whether in chronic disease much or little or no medicine need be given; whether it is the first or the second action of a drug that is valuable; whether he shall be waked and called up early to take his medicine or let lie with the sluggard; whether it is the pathological condition that is paramount, or the patient he is to treat; whether he shall add to his high or low potency a seven-grain dose of calomel, or an hypodermic of morphine; and if yes, how, and if no, why not? Whether he may use local applications, goose-grease, lydiapinkham, celerycompounds; whether he may pull the leg—the bones thereof—to cure dysentery; or stretch that last inch to cure diplopia and the like to the end of an almost interminable chapter; in short, materia medica is Latin for medical MATERIALS, and does not, in Homeopathy, by any stretch of professorial license, include the *use* of those materials! It is the scalpel, the ligature, the tampon, the forceps, the speculum, the pessary of the homeopathic practitioner; but it does not in any sense teach him the uses thereof. Do we make that plain—plain enough even for an alleged medical editor and ex-professor to understand?

THE Eclectics have a far more extensive and well-digested *materia medica* than the homeopaths. Indeed, a large body of modern homeopaths make use of that *materia medica* and its recommended medicaments in the honest belief of their homeopathicity. There is something in Homeopathy that is not found in its *materia medica per se*, any more than it is found in its surgery, or its pelology, and that is—HOMEOPATHY! When you, as a medical student, come to the lectures on *materia medica*, it is like love: you already have it, or you never get it! Because of this very fact—the substitution of the names of the tools for the use of them—homeopaths have before now appeared before a friendly State examining board and been ignominiously turned down! In bugteriology, in microscopy, in anatomy, in chemistry, in histology, in physiological physics, in obstetrics, in surgery, and, indeed, in all the merely mechanical departments of the great Art of Medicine, that which is taught in *all* medical schools, the graduate was letter-perfect. But upon Homeopathy, its therapeutics, its application in disease,—where the use of the knife, the buzz-saw, or hatchet could not be invoked as by first intention,—*there* the class was pitifully lame! And they marvel why? They had heard fifty-four lectures on *materia medica*, and were able to repeat many passages thereof in their entirety. Their diplomas declared them as and for graduates of a homeopathic college. And some or many of these unfortunates may go back to their *materia-medica* notes and strive to unravel the problem: but others will throw down the thing in disgust and take up the *materia medica* of the other school—for *there* they do teach something tangible; and then there will be another slump to the old school—because, forsooth, the student didn't get *more* corner-stone, that is, *materia medica*! And some of the homeopathic editors—among them those who once held a fitful *materia-medica* portfolio by the grace of a barrel of ancient lectures—fail to understand the throw-down before the State board, or the slump of twelve or sixteen or several hundred homeopaths into the other school of practice, and dare ascribe it to the stupidity of a whole class of otherwise bright and successful students! And then, good lack, how they chatter

and clatter of *Materia Medica* as the Corner-stone of Homeopathy!

\* \* \*

TEACH Homeopathy every year of the course; so that when, in the Junior year, the *materia medica*—that fetich corner-stone of Homeopathy—is rung on, the class may receive and appreciate it at its face value. Teach Homeopathy, gentlemen of the faculty; teach it early and teach it late; teach it from every chair; teach it in every prescription; teach it as if you really believed it—assume a virtue if you have it not; teach it as if you were truly called of the Lord; and in due time your students will not be turned down on the homeopathic branches when they appear before a State homeopathic examining board. And for goodness' sake do stop that shop-talk about the Corner-stone of Homeopathy! There is only one homeopathic corner-stone—the one which many of you—teachers and editors—never knew or saw or took part in the laying—namely: HOMEOPATHY!



### *A Modern Instance.*

1899.  
Cleveland.  
Girl of eleven.  
Had been ailing.  
Sudden pain  
In ileo-cecal.  
Chill and fever.  
Appendicitis.  
Hospital.  
Operation.  
Found some pus.  
No collar buttons.  
Second day  
Suddenly died!  
Mortification  
Of physicians.  
Postmortem:  
Peyers' patches  
In fullest bloom.  
Bowel perforated!  
The good  
Die  
Young.

## Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M.D., 110 West 12th Street, New York.

References in this department are made by number. See issue of January 1 or December 15 of each year.

### Comparative Symptomatology of Antipyretics.

"", quoting from Professor Ellinwood's Eclectic Materia Medica, gives the following indications :

**Gelsemium.**—Fever with nervous phenomena, nervous excitability, restlessness, flushed face, bright eyes, contracted pupils, sharp, quick pulse, nervous twitchings, evidences of acute determination of blood to the brain.

**Aconite.**—Sthenic fever with sharp, hard, quick pulse, dry, hot, or burning skin, chilliness up and down the spinal column, suppressed secretions ; at the onset of acute fevers ; in the early stages of acute inflammations ; in the developing stages of the exanthematous fevers.

**Veratrum.**—Sthenic fever with large, full, bounding, fast pulse, with high temperature, engorged capillary circulation ; at the onset of acute local inflammation, in previously strong patients ; in acute convulsions with high temperature and rapid pulse.

**Bryonia.**—In the fever of acute inflammation, if in the lungs or bronchi, there is sharp, hard, short, quick cough, inducing pain and soreness, quick pulse ; if in serous membranes there is quick, acute pains, diffused soreness, and tendency to effusion. Acute synovitis, with pain on movement and threatened exudation, is relieved by it.

**Rhus toxicodendron.**—Acute inflammatory fever with sharp, hard pulse ; involvement of the skin, bright, circumscribed redness, with burning pain and extreme soreness ; fever with sharp supraorbital pain, burning in the eyes, flushed face, red mucous membranes, dry tongue with reddened tip and edges, red, narrow, elongated tongue with brown coat ; sordes.

**Belladonna.**—Must be studied with reference to its influence in the developing stage of inflammations. It will be found classed with nerve stimulants. It is a most important specific remedy in equalizing the circulation and preventing the local hyperæmia essential to all

local inflammatory action. It is especially indicated when there is fever with dullness or tendency to stupor, with dull eyes and dilated pupils. It works in harmony with aconite or bryonia. It is not a sedative to the fever, but combats the fever processes. It is given usually with a direct fever remedy.

### Hyoscine Hydrobromate

Has been tried by Rendle" of Madras, India, on a bad case of chorea in a young man of sixteen years. He was thin and anæmic ; the temperature slightly raised ; the tongue dry and coated with a brownish fur ; the pulse was weak and the respirations irregular ; there were constant involuntary movements and twitchings of all parts of the body. He had sores on various parts of his body, due to injuries inflicted from his involuntary movements. Albumin was present in his urine. Potassium bromide, chloral hydrate, and increasing doses of arsenic gave no relief. He was very restless at night, and morphine eased him slightly. Hyoscine hydrobromate in doses of  $\frac{1}{16}$  of a grain was injected hypodermically twice a day. On the day following his first injection there was marked improvement in the choreic movements. The dose was increased to  $\frac{1}{8}$  of a grain and given three times a day. In a week the movements had almost entirely ceased. The hydrobromate was then discontinued and the arsenic treatment resumed. The patient made an excellent recovery.

Chorea is an extremely fatal disease in India.

### Echinacea for Boils.

—": Mrs. C., aged forty, was always supposed to possess what was termed a scrofulous diathesis. Every spring she suffered with a periodic attack of those local comforters, for which she usually took any "spring medicine" prescribed by her most intimate neighbors. For some reason her last attack was apparently aggravated by her patent prescription, and she went through every sort of medical experience, from cathartics to massage, and yet for two or three months these boils appeared and increased in size and ugliness. For a month longer I worked away at her case, but accomplished no permanent result. Perhaps I did not get the right remedy or could not discover the true simillimum. However, my

attention was called by one of the journals to echinacea. I had not used it before, but I am glad to record the most satisfactory result. I used the first decimal potency, ten-drop doses six times daily.

### *Natrum Mur. in Ague.*

—“ says this remedy occupies a unique place in the treatment of ague. I have derived unexpected success by administering it in some complicated cases.

The seizure of *natrum mur.* comes on at noon, from 9 to 11 A. M., and the chill begins in feet or small of back; used in malarial cachexia; great predominance of chill reigns, mostly internal; blindness and unconsciousness during chill are perceived, with great exhaustion after it; heat and sweat, with thirst, are present; drinks large quantities very frequently; vomiting of bile between chill and fever or during heat; pulse is intermittent, and gets worse when lying on the left side; apyrexia is never clear; the patient hankers after salt food; profuse perspiration; debility and exhaustion are marked after fever; headache is present in the heat, and at its termination feel as if beaten with little hammers; fever-blisters or spots on the lips are seen; sallow complexion and blue nails are present.



### *LACERATION OF THE PERICARDIUM.\**

By JOHN DEETRICK, M. D., Youngstown, O.

**M**IKE CARNEY, aged twenty-two, a stout, robust millman, was gored by a large bull, weighing about one thousand pounds. The bull, having broken his chain fastenings, charged upon Carney, knocking him down and goring him when prostrate, coming down to his knees in the goring process. Carney said there was a flash of light, a roaring sound in his head, accompanied by great pain in his chest. His agonized shrieks set on the bulldog, which attacked the hind legs of the bull, thus drawing the infuriated animal's attention to the terrier.

The members of the family, hearing the noise, ran to Carney's assistance. Dr. Blaine was called to the house and invited me in counsel. On my arrival one hour after the accident, the

noise of the air through the wound, during inhalation and exhalation, could be heard on the street.

The patient was covered with animal dirt and the body was enormously swollen and distended with air—to the full elasticity of the skin; presenting a very bad case of emphysema.

The wound was three inches long and located between the fifth and sixth ribs, and was externally and internally saturated with fecal dirt from the bull's horns. Temperature subnormal, heart action irregular in rate and volume with great dyspnoea. With inspiration the pericardium would protrude through the wound. It was torn in several pieces or shreds longitudinally, with one lobe of the lung lacerated.

### PROGNOSIS.

Unfavorable, comparatively hopeless. Priest administered the last rites of the church; stimulant was used, anæsthesia administered, all clothing removed, entire body washed, wound and pleural cavity thoroughly irrigated, washing out much fecal dirt. What to do with the torn and lacerated fragments of the pericardium was a question. We would be compelled to exsect the fifth rib to get access, and the continual motion of the pericardium from the heart's action would make it no easy matter, to say nothing of dozens of cat-gut stitches, and last but not least our patient showed extreme symptoms of collapse from the emphysema and aggravation from filling chest cavity with warm aseptic water.

We decided we must act quickly or our patient would die immediately on our hands and, of course, we would be blamed with killing him. We simply excised all of the torn shreds of the pericardium, some six or more in number on the left and anterior side of the heart, placing rubber drainage tube in, closed wound quickly and securely with the usual dressings and bandaged trunk firmly. The patient rallied from the shock and had some surgical fever. In a few days had chills and fever and an effusion that obstructed drainage tube, necessitating removal of the tube, which was done. We also turned him on side to drain. The effusion soon became purulent and offensive; discharge of pus became very profuse with shreds and

\* Homeopathic Medical Society of Ohio, 1899.

pieces of the pericardium. This discharge lasted for weeks.

Under the skillful treatment of Dr. Blaine the patient finally recovered and is now performing manual labor in the rolling mill. He has married and enjoys good health.

Will the profession at large explain why, with the pericardium removed from protecting the heart with its folds and secretions, avoiding friction which undoubtedly existed in this case, with the walls of the chest anterior and the lungs lateral and posteriorly—why he lives? The results exceeded all our expectations. I hope this feeble effort may assist some practitioner in a like emergency.



### *Nux Vomica in the Hands of the Three Dominant Schools of Medicine.\**

By ELDRIDGE C. PRICE, M. D., Baltimore.

I HAVE been requested to give a short paper describing how the use of nux vomica by the homeopaths differs from the use of the same remedy in the hands of the other schools; but as the principle of application of nux vomica depends upon the individual practitioner and not the school to which he belongs, it will be necessary to discuss this question upon the broader basis of therapeutic principles.

In comparing the various therapeutic uses of nux vomica common to the three schools which are most prominent in the medical world, it becomes necessary to recognize the fact that there are two therapeutic principles upon which the prescription of drugs for dynamic purposes is based: its antipathic or enantiopathic and the homeopathic; the law of contraries and the law of similars. Upon these two principles the action of nux vomica depends in common with all other drugs, and when we carefully consider the conditions for which this drug is given by all the medical schools, the indications upon which it is prescribed and the doses in which it is used, it becomes plain that there is practically very little difference in the use of this drug whether in the hands of the allopath, the eclectic, or the homeopath. We may squirm and twist and turn in the attempt to escape such a conclusion, but

the fact remains. I do not mean to say that each school uses this drug in the same manner, or even in accordance with the same therapeutic principles in each of the conditions in which they prescribe it in common; but there are conditions in which each school uses nux vomica antipathically, and conditions in which each school uses it homeopathically, respectively.

I am here assuming that we agree in believing that there are such states as primary and secondary states of the organism following the taking of drugs, and that it is the primary condition only with which we have to do in selecting a remedy for the sick. Unless this postulate is assumed mutually (and I believe it is demonstrable), we cannot travel the same road very far in company.

Our knowledge of the pathogenetic effects of nux vomica is comparatively meager: nearly all the information we have of this drug's sick-making power being drawn from poisonings and also from our knowledge of the effects of strychnia. It may be objected that Hahnemann and three fellow provers, together with thirteen authors, have given us some thirteen hundred symptoms of the pathogenetic effects of nux vomica, in the *materia medica pura*; but in a study of the therapeutic application of a drug according to both the antipathic and the homeopathic principle, it is necessary to know something more definite than the information vouchsafed in these unsystematized records. Furthermore, in making such a comparison it is necessary to know positively whether or not nux vomica will cause primary and secondary symptoms when given in large doses, whether primary and secondary symptoms will result when given in small doses, and also whether or not these primary and secondary effects (if they do result) are the same from both large and from small doses.

The time has passed when we, as students of scientific *materia medica*, can claim that all symptoms disappearing after the administration of a drug were removed by that drug in accordance with the principle of similars simply because the drug has produced in the alleged healthy experimenter certain symptoms similar to those which have been removed. Such an occurrence may appear to be an illustration of the law of similars, but in point of fact it may not be. The therapeutic principle upon which such a case

\* Read at Ohio Hom. Med. Soc., 1899.

depends is decided by the relationship between the size of the dose used to produce the cure, and the size of the dose used to produce the similar pathogenetic effect, and whether or not the pathogenetic condition was a primary or a secondary effect. To illustrate: aconite, when given in a large dose, will cause depression of heart action, lowering of bodily temperature, apprehension, great weakness, etc., and when given in small doses the opposite condition will be produced, i. e., elevation of temperature, rapid pulse, and other symptoms indicating febrile movement. If, now, aconite be given in large doses for fever the temperature will be reduced in accordance with the antipathic principle, and if it be given for the same object in small doses the reduction will be an illustration of the law of similars: it matters not whether the prescriber be a homeopath, an allopath, or an eclectic.

In the case of *nux vomica*, all three schools use the drug antipathically when large doses are given for atonic conditions, whether of the muscles or the mucous membranes, simply because the primary effect of large doses of *nux vomica* when given to the healthy is one of tension; this may be observed, in extreme illustration, especially in the tonic convulsions, and in the heightened sensibilities generally. In consequence, when "orthodox" doses of the drug are given for such conditions as "prolapsus ani from atony of large intestine," atonic diarrhea, dilated heart, anæmia, chlorosis, amenorrhea, dysmenorrhea, the cough of phthisis, purpura, post-partum hemorrhage, and all other conditions due to relaxation, the principle involved is that of contraries, whether the drug be given by an avowed homeopath, an allopath, or an eclectic.

Before proceeding further it is necessary to call attention to the fact that the pathogenetic use of large doses of many drugs is followed by a secondary condition of the organism, which is similar to the primary condition of the organism induced by small doses of the same drug. Such a fact may be observed so frequently that it is almost safe to assume as a principle that the secondary pathogenetic effect of a large dose of a drug is equivalent to the primary pathogenetic effect of a small dose;

and hence, in the atonic cases in which *nux vomica* is beneficial when given in large doses we find the principle of action to be that of contraries, while the principle of similars is discoverable in many instances when the drug is given in minute doses, because of the fact that the pathological condition, though opposite to the primary condition induced by large "physiological" doses of the drug, is yet similar to the primary condition induced by small doses of the same drug. Such being the case it becomes obvious that these conditions to which attention has been called which seem to be amenable to *nux vomica* in large doses, and which depend upon the principle of contraries, are also amenable to *nux vomica* when given in small doses, but the result in the latter instance depends upon the law of similars.

There is, however, a vital qualification to be considered in this problem, and it is the fact that the closer the degree of similarity between the pathogenetic effects of the small doses and the pathological manifestations of the condition to be removed, the more certainly will beneficial results follow. While I am convinced that the complete antipathic relationship includes more than mere antagonism at one point (as the complete homeopathic relationship includes more than one point of similarity) so that the best results from the principle of contraries will be obtained only when as complete an antagonism as possible can be secured between the pathological condition to be removed and the opposite primary "physiological" effects of the drug to be prescribed. We will, therefore, find that the therapeutic uses of *nux vomica* common to the three schools of medicine depend upon the antipathic and the homeopathic relationships, and that the best results from the application of either of these principles must be secured through the application of these principles in their utmost completeness of detail.

The chief difference in the use of *nux vomica* by the practitioner who endeavors to make a practical application of homeopathy, and the practitioners of the other two schools, is that the former studies more closely the details of pathogenetic *nux vomica*, and tries to apply the drug in accordance with the finer symptomatology. When this is done, however, the question of



individual susceptibility enters into the problem, and though *nux* may be the proper drug the desired result is not secured. The prescriber must then select another attenuation of the drug; in some instances it must be "higher" and in others "lower," according to the susceptibility of the patient to the drug.

It is quite probable that the small doses of *nux vomica* recommended by Phillips for neuralgias may illustrate the homeopathic principle in their curative effect; and in some cases not very susceptible to this drug, the drop doses prescribed by Ringer for sick headache from disordered stomach, may also be justly regarded in the same light. The fact, however, that the dominant school of medicine rarely uses *nux vomica* for other conditions than those due to relaxed and depressed states of the system, together with their equally well-known fondness for large doses of drugs generally, reduces the probability of the use of *nux vomica* according to the principle of similars by these gentlemen to the minimum.

It is foolish for us to deny that sometimes even curative results do apparently follow the prescription of *nux vomica* on the antipathic basis, otherwise *nux* would never cure these atonic cases when given in orthodox doses. Given, a vigorous constitution and strong reactive powers in the patient, it is my opinion that an antipathic cure may result when this relationship is as complete as practicable, just as a cure will result when the homeopathic relationship between the drug and the disease is as complete as practicable. Why not?

I may be mistaken, but I have not yet found, in literature or in practice, anything which may be accepted as a refutation of this hypothesis; in fact it is from literature and practice that I have evolved this idea. In conclusion it appears that *nux vomica* is used by all schools of medicine for about the same purposes, but that the chief difference in the size of the doses in the use of the drug consists in the difference in the size of the doses prescribed. The avowed members of the other schools use the drug in orthodox doses, while the avowed homeopath uses the drug in all doses from those noted to the highest of the high attenuations. It further appears that in the prescription of *nux vomica* little or

no heed is paid to the principle upon which it is prescribed by the two first named schools, while the homeopath apparently believes he is prescribing the drug in accordance with the law of similars, whether he uses ten-drop doses of the tincture or a thirtieth centesimal dilution. Finally, the greatest difference seems to be in the ignorance of and the indifference to all therapeutic principle displayed by the older school and the eclectics, in contrast with the knowledge of therapeutic principle assumed by the homeopath, but who really knows little more than his brothers.

The remedy for this unsatisfactory state of affairs is that we familiarize ourselves with therapeutic principles, that we study closely the primary and secondary symptoms of *nux vomica* both from large and from small doses, and that this study be founded upon the best and most reliable knowledge extant of "physiological" and of pathogenetic *nux vomica*, together with as many expert provings of the drug as may be made in the near future.

We are tired of reading of how we should teach and practice homeopathy and nothing but homeopathy, by those who, to judge from their writings, do not themselves understand homeopathy any better than do the rest of us. Homeopathy is scientific or nothing, and the way to understand the full significance of this law of cure is to approach it through the methods of science. Let us have done with this sentimental, this hysterical prating about truckling to the older school and the falling of our teachers of homeopathy from the faith of our fathers, and buckle down to the work of understanding primary and secondary drug action. Let us study what really constitutes a homeopathic relationship.



The Massachusetts Homeopathic Medical Society held its fifty-ninth semi-annual meeting in the college building, East Concord Street, Boston, Wednesday, October 10 and 11. The programme discloses a number of excellent papers by eminent Eastern homeopaths. Dr. Walter Wesselhoeft made report for the Committee on *Materia Medica*—the first day's session being given over wholly to *materia medica* and allied topics.

## BACTERIOLOGY AT THE BRITISH MEDICAL ASSOCIATION.

By R. E. DUDGEON, M. D.\*

THE close of the London season is quickly followed by what our journalists have aptly called the "silly season," when accounts of big gooseberries, the sea-serpent, eccentric cucumbers, and new all-destroying explosives fill the columns of the papers lately occupied by the reports of parliamentary wisdom and fashionable frivolity. This is the season the British Medical Association selects for the display of the accumulated medical wisdom of the year by means of eloquent and other addresses by a selection of the great, wise, and eminent men who abound in the all-embracing Association. The President this year was Dr. J. Ward Cousins, the senior surgeon to the Portsmouth Hospital, whose address on "The Century's Progress in Medicine and Surgery," was, as the editor of the *British Medical Journal* tells us, "delivered with a passion and fire which aroused the enthusiasm of all who listened to it." We can readily believe that it had this effect, not on account of any originality or novelty in the subject of the address, which was the well-known and oft-repeated history of the achievements of Hunter, Jenner, Koch, Laennec, Lister, Simpson, Roentgen, and the rest, but on account of the gorgeous epithets bestowed on his heroes and their works. Thus, we find the orator speaks of the "brilliant researches" of Hunter, the "brilliant labors" of Lister, Pasteur, Koch, and Sir J. Paget, the "splendid labors" of Farr, the "splendid efforts" of Parkes, the "splendid devotion" of Florence Nightingale, the "splendid discovery" of Simpson. In fact, the address coruscates with oratorical fireworks, and must have had on its hearers the effect of a grand bouquet of rockets at a pyrotechnic display on the gaping crowd.

But I am not interested in a eulogy of the past achievements of medical celebrities. I search the reports of the addresses, to learn all about the present state and future prospects of medicine, and more particularly to find out how the latest development of medical wisdom, the so-called "science of bacteriology," is getting

on. As the result of my search, I find that things are not going on with it quite as well as its votaries might wish. Dr. Cousins, though posing as a convinced believer, sings its praises in what I may call a minor key. Sir R. Douglas Powell damns it with very faint praise, and Dr. George Wilson utterly condemns and repudiates it. The writer in the June number of this *Review* said the opponents of bacteriology were a "minimum minority," soon to be "entirely extinguished." This exhibition at the headquarters of the dominant medical sect seems hardly to portend the utter extinction of the protesting few who have refused to bow the knee to the omnipotent microbe. A few years ago no member of the Association would have presumed to speak of bacteriology except in terms of unqualified admiration. But this year we have the chosen orators of the annual assembly harping upon it in an ever-descending gamut of appreciation.

The President, Dr. Cousins, ascribes the germ of this germ theory to Watson's idea, in 1840, that influenza was caused by "myriads of animalculæ coming in contact with the mucous membrane and exercising a poisonous influence on the system." Dr. Cousins, of course, knows nothing about Hahnemann, or he might have credited him with being the father of the germ theory, for this was precisely the mode he said cholera was propagated by in 1831. But probably as time goes on there will not be much competition among the representatives of the two schools for the dubious honor of priority in this matter. Dr. Cousins attributes the "fresh light" that has illuminated this "young science" to the "brilliant labors" of Lister, Pasteur, and Koch. What these "brilliant labors" were or what they produced he does not precisely inform us, so we are left to guess. Lister, we know, invented an apparatus for producing a spray of carbolic acid in order to kill the microbes in the atmosphere, but many years afterward he told us that the spray did not kill the atmospheric microbes, which, he said, after the manner of Mr. Toots, were of "no consequence," and he confessed himself ashamed that he had ever proposed his spray machine, which in the meantime had been almost universally adopted by surgeons, and had brought its author wealth and

\* *Homeopathic Review*, September 1, 1899.

honors. Pasteur's chief claim to distinction in this field is doubtless his antirabic "vaccinations," which have never cured a case of rabies, but have undoubtedly given the disease to many who would otherwise have escaped it. "M. Pasteur," as one of his distinguished countrymen, Professor Peter, remarked, "*ne guerit pas la rage, il la donne.*" Koch has acquired a similar celebrity by his injections of tuberculin for the cure of tuberculosis, which never cured any but, according to Professor Virchow, killed many.

Dr. Cousins tell us that the "tiny organisms" are everywhere "in earth, air, and water, in the dust that floats in the sunbeam, on the clean walls of our dwellings, in our clothing, in our food, our milk, and in the very dainties which we swallow from the hands of our accomplished cooks," and "yet the world contains many healthy people, a fair proportion of whom live to a good old age." "Many of these living atoms are our deadly foes,"—he does not tell us how many or what they are,—"but, on the other hand, many of them are our secret friends." And then follows a passage of quite Shakespearian eloquence, reminding us of Prospero's speech about the "cloud-capped towers." "The wheels of nature would soon be stopped without their benign assistance, and the flora and fauna of the world with man himself would pass away." So the inference to be drawn from Dr. Cousins observations on bacteriology is that, on the whole, the bacteriologists might well cease their futile war against supposed disease-producing microbes and direct their undivided efforts to encourage the growth of those beneficent micro-organisms which are essential to the existence of the flora and fauna of the world and of man himself. Dr. Cousins professes a belief in "the comforting doctrine of phagocytosis," which is on a par with that "comforting word Mesopotamia," and will bring comfort to the very select few who still believe in it. Though acknowledging that bacteriology has as yet done nothing to lessen the horrors of that surgeon's dread, septicæmia, Dr. Cousins says that he has "no doubt that some of the surgical victories of the future will be won by bacteriological science," which is a pious opinion of a kind very familiar to us in the writings and addresses of the

partisans of traditional medicine. Something good is always hoped for "in the future," generally "in the near future," but that happy time somehow never seems to arrive.

Before parting with Dr. Cousins I may quote a sentence from his address, which, I suspect, was not one of those which "aroused the enthusiasm of all who listened to it." "It is my opinion," said the orator, "that in the near future there will be far less medicine taken than formerly—not that I think there will be much reduction in the quantity prescribed by the faculty, but rather that people generally are growing wiser," and so presumably will not swallow so much as the "faculty" would like them to do.

The "Address on Medicine" was delivered by Sir Richard Douglas Powell, Bart., and "Bacteriology" necessarily formed a conspicuous item in his discourse. He begins rather disparagingly: "It must be confessed that bacteriology in its application to diagnosis and treatment in practical medicine is yet in its infancy," which means that he thinks it of little use, but he adds that it is "full of promise," which is encouraging, but he again dashes our hopes by saying, "the complete fulfillment of which none of us will live to see." The stereotyped "near future" of most allopathic prophets becomes thus a very distant future, somewhere about the Greek Kalends, I should imagine. He acknowledges that the busy practitioner cannot conduct bacteriological investigations, and that he must depend for these on the experts of research associations, who will do them for a more or less moderate fee, which the "busy practitioner" will not be very anxious to pay. He reminds us that our "accessible mucous tracts," *i. e.*, the orifices of our body, constantly contain "samples of the organisms specific to many diseases," which do us no harm until "a period of depression comes over us involving some slight change in our blood or tissues, some local or general alteration in our chemical or vital functions, and one or other of these organisms," which we always have within or around us, "may receive the opportunity for aggressive cultivation." That is to say that the ubiquitous microbe will not multiply in any considerable quantity until disease has so altered

our tissues as to render them suitable for the growth and multiplication of their parasite. But this is giving up the whole doctrine of microbes being disease germs. As well say that the blue fly causes the decomposition of the meat, when we know that it is because the meat is decomposed that the fly deposits its eggs in what it knows is a suitable pabulum for its progeny ; or that the mite causes the decay of cheese, when we know that the mite comes to the cheese because it is decayed. Disease of one sort will suit the staphylococcus, of another the pneumococcus, of another the gonococcus, and as these microbes are always in or around us, when their suitable pabulum is provided by disease they flourish there like maggots in carrion or mites in cheese. But as meat may decompose and cheese decay without maggots or mites, so diseases may and do occur without their characteristic microbes, and as maggots and mites are found in other places than meat and cheese, so micro-organisms are met with in other diseased structures besides those they are credited with being specifically related to. In fact, it is no rarity to read of all sorts of micro-organisms having been found harmoniously dwelling together in places where only one specific microbe was expected. The rapidity with which many microbes will increase and multiply in all sorts of extraneous media, such as agar-agar, chicken broth, gelatine, potato slices, and what not, shows their cosmopolitan tastes, and militates against the notion that they are specific to one single disease ; as well say they are specific to chicken broth, potatoes, or any other of the media in which they flourish.

That the morbid or altered condition of the parts is the primary step in an infectious or contagious disease, and that the appearance of the bacillus in any notable quantity is a secondary stage, as Sir Richard seems to say, is evident from this, that the bacillus, say of diphtheria, is not met with in any considerable quantity until the disease is well advanced, and, as is well known, the Klebs-Loeffler bacillus is often found in the throat weeks or months after the diphtheria has been cured. It may also be found there, living in harmony with other pathogenic microbes, long before any diphtheria occurs. Why does it not keep up a constant

diphtheria if it be the cause of this disease? Evidently it is not the cause, but its presence is the consequence of the disease. It is only a parasite that flourishes in parts which by morbid action have become a soil suitable for its growth.

The diagnostic value of the microbe is sometimes very small. I have just heard from a colleague that a patient of his who had only a slight and transient bronchial affection was pronounced to be affected with phthisis by a bacteriological doctor because he had discovered quantities of Koch's bacilli in the sputa ; and only a fortnight ago I saw a lady with unmistakable signs of phthisis in a pretty advanced stage, who brought with her, from a Parisian bacteriological expert, a certificate to say that she had no tubercle bacilli, but only some streptococci in her sputa.

It will be remembered that at the meeting at Marlborough House to consider the best means to be adopted for the prevention and cure of consumption, Sir William Broadbent, who was supposed to represent the united wisdom and latest views of the medical profession, stated that consumption was no longer held to be a hereditary disease, but that it was unequivocally a contagious malady, that persons become infected by inhaling air infested by the bacilli of tubercle which were derived from the dried sputa of consumptives, and that the best means for preventing such infections were, in addition to fresh air and sunlight, to insist on consumptives refraining from spitting about rooms or in places of public resort, and supplying them with spittoons for the reception of their bacilli-laden expectoration. Sir Richard Douglas Powell, in his address, shows that his fellow-baronet did not represent the opinion of all the faculty on this subject. He states that improved sanitary conditions without reference to the exclusion of the then unknown bacillus, had already, during the last half-century, reduced the mortality from consumption from 38 to 14 per 10,000 living. "To set heredity at naught, to regard climatic considerations of no importance, and to state that the disease is always acquired by direct contagion, is, in my opinion, to ignore much that is true, and to magnify that which should be carefully guarded

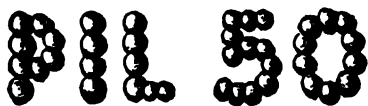
from exaggeration." And, again, "the susceptibility to become tuberculous runs in families, and this, I must confess, remains with me an unshaken belief." He here gives some statistics to show the greater mortality from phthisis among families of consumptive parentage, and confesses his agreement with Jenner, who "declared the transmission of tuberculosis from parent to child to be one of the best established facts in medicine"; and he concludes that "the evidence of the contagiousness of phthisis is extremely slender." Another great factor in the production of phthisis is "the influence of a wet subsoil." Evidently, Sir Richard's views are diametrically opposed to those of Sir William, and the bacillus, which the latter regards as the chief factor of the disease, occupies a very inferior position in the opinion of the former. As a proof of the non-contagiousness of phthisis, he says: "The records of the officials and servants of one of our largest consumptive hospitals taken out for fifty years, including a period precedent to the use of any special preventive measures beyond those of ordinary sanitation, show a death-rate not in excess of that of the ordinary population."

But if Sir R. Douglas Powell's address shows but a feeble and half-hearted adhesion to the microbic theory of disease, that of Dr. George Wilson, M. A., M. D., LL. D., M. O. H., Mid-Warwick district, is an outspoken condemnation of the entire bacteriological doctrine. "The few pathogenic microbes which bacteriologists have discovered associated with human disease, and which they can isolate and cultivate, are those of tuberculosis, diphtheria, enteric fever, cholera, and plague; but all these are found associated with necrosed tissues, and it is open to argument whether, instead of being labeled the unconditioned *causæ* of their respective diseases, they may not be performing a benign function in changing the necrosed tissues into harmless products, just as various kinds of micro-organisms are necessary to change filth and all dead organic matter into harmless matter." Again, "bacteriology has rather led us on false lines in assuming that the pathogenic microbe of any disease is the *causa causans* of that disease. I venture to say that the unconditioned microbe

need have no terrors for humanity." What he has to say about the bacteriological doctrine respecting tuberculosis and its proposed treatment is not very flattering. "This insane hunt after the tubercle bacillus, as if it could be bottled up in twopenny-halfpenny spittoons and got rid of, is the insanest crusade ever instituted on illogical lines." Dr. Wilson is utterly incredulous as to the efficacy of anti-toxin-serum injections, but this part of his address I need not dwell upon. Dr. Wilson is afraid his remarks may be very unpopular with his colleagues, and thinks he may have been indiscreet in speaking his mind so freely, but he may comfort himself with the reflection that he has spoken what he and many others believe to be the truth about the microbe delusion, and in the cause of truth the better part of valor is indiscretion.

The addresses I have commented on show that the modern doctrine of the microbic origin of disease is in rather a shaky state. Still, I do not expect that prosecution of the science, art, or *metier* of bacteriology will be abandoned for some time to come. The absurdity of a doctrine is no bar to its adoption by large masses of the medical profession, and the more absurd it is the greater zeal they will often display in its defense. John Brown's crude theory of the nature of the disease was defended with their lives by his partisans in Göttingen, and I doubt not there are equally zealous adherents of the microbic theory. One great hindrance to the abandonment of the bacteriological theory and practice is that, as Dr. Wilson queerly expresses it, they are "steeped with commercial interests." That is to say, bacteriology is a trade which deals in serums and makes researches for a pecuniary consideration. Bacteriologists are not, as a rule, in practice as medical men, they are mostly dependent on their laboratory work for their livelihood. Moreover, they are usually very clever men, and very much looked up to by the busy practitioners, who are unable to make the required researches for themselves. With all these circumstances operating to endear bacteriology to its professors and recommend it to the practitioner of medicine, it will, I fear be a work of time and labor to convince the public and the profession of the

fallacy of the whole doctrine of the microbic origin of disease, but that this will eventually take place, and that some of us will live to see it, I have no doubt.



*And Farrington,  
The Beloved,  
Is Dead!*

REV. FLOYD W. TOMPKINS DELIVERS THE  
PRINCIPAL ADDRESS.

The Hahnemann Medical College and Hospital was opened for its fifty-second annual session last night with a reception to the incoming class, tendered by the faculty and trustees. The class numbers 280.

Rev. Floyd W. Tompkins, rector of Holy Trinity Church, delivered an address of welcome on behalf of the trustees, and this was responded to by William McGeorge, Jr., vice-president of the college and hospital. Mr. McGeorge made a happy speech and recalled many interesting events and incidents of the institution during its career of the past forty years.—*Phila. Press.*

[How very charming to contemplate that the 280 medical students in grass-inlaid Export-Exposition-town were duly and truly welcomed to their medical studies by a preacherman (there were no doctor-men of sufficient mental and moral caliber to be found to do these honors); and also to observe that Mr. McGeorge, Jr., was sufficiently himself to tell a number of pleasing stories apropos of the long history of this medical school! But if Farrington had been alive and present—Farrington, the brightest morning star in all the firmament of medical teachers—Farrington, the forensic, the enthusiastic, and the practical—this college opening would have been noted for something besides the “principal address” by the Rev. Tompkins, or its trustees’ address crazy-quilted of well-hung-together chestnuts and homilectics. There would have been some trenchant homeopathic medical talk—plus or minus any don’t-put-any-beans-up-your-nose, or grasshoppers-up-your-trouser-legs morals and preachments—just as he might happen to have felt; but it would assuredly have been most practical, to the manner born, and couched

in as good English as any preacherman or trustee could elaborate. But, alas! and yet more alas! Farrington is dead, and the church and the state must needs open his former medical school in due and ancient form! Where were Dudley and Mohr and James and Van Lennep and Walton and several hundred more famous homeopathic medical men, born of this same mother, who could have told something to this 280 that might have been treasured up against a rainy day! Note how the Cleveland Homeopathic called in the popular and successful Dr. J. M. Lee of Rochester and made an unqualified success of it! And the Chicago Homeopathic had its Roberts!]

### *The Modern Hustler In Medical Politics.*

No office of any society belongs to any particular person. The one elected to it holds it in trust until his successor is elected. If those who have an office would only recall this fact they would not feel so awful bad when someone else secured the position. It looks sort of funny for a fellow to be talking about “my office.” Don’t do it.—*The Medical Visitor.*

[An’ dat aint no lie—in some quarters, in some bodies, and with some kind of people. Frinstance in some of the aldermanic districts of Chicago, with their ward-heelers and ward-bosses; those elegant representatives of American politics who still believe that to the victor belongs the spoils; where Hustle is synonymous with Merit. But we are ready to affirm that that policy has not yet found standing room in the American Institute of Homeopathy. We know it seems that way occasionally when prominent members and editors hire special trains and use every “legitimate” political way to “paper” the country for a year or two ahead in order to destroy or oust an otherwise satisfactory officer. But it is only a case of “seems.” It is not real. The real Institute is as much averse to this hustle-idea of politics as is every real American the United States over. If the majority always stood for right then the Tragedy on Calvary had long since faded from memory and from history. It is to the lasting credit of the American Institute that it has been most happily free of the hustle-kind of officers—there being but few, markedly few, instances, and

those only in its most recent years. The traditions and the actual doings of that Institute are to the exact contrary.

It pleases us to recall the clean, gentlemanly, upright, open-and-above-board canvass made by our Present-elect—Dr. Charles E. Walton. We were present at Omaha when he instructed his campaign lieutenants. He positively forbade any resort to a campaign which would detract from or mar the fair fame of his opponent! And the same courtly policy was invoked at Atlantic City when it was discovered, on examining the lists for the knightly tourney on the morrow, that other Richmonds were preening their milk-white plumes, and looking pleasant. And when he was elected clearly and honorably, and solely upon his merits as a MAN, it was a triumph of which any man could well be proud, and one in which every lover of clean politics and policies rejoiced. He was the idol of the Institute. His speech of acceptance, inlaid with much wit and pleasantry, was replete with wisdom which others seeing his good works might well have laid to their hearts.

Take the office of Provisional Secretary, as it was formerly called—for it is to this that our brother editor refers. We worked under Dr. Strong every year from 1886 to and including 1894 as his assistant! In the latter year Dr. Strong informed us that he would not again be candidate. Then we were elected. There were many times in that long apprenticeship, during the unavoidable absences of Dr. Strong, that we had the "trick" in our hand, which by a slight coo-de-taw would have put him out and ourself in. That, according to the editor of the *Medical Visitor*, would have been the proper thing to do! We know one other man who refused to do that kind of work. He had worked with us as our chief assistant for many years. When the Omaha trouble began to brew, this man was waylaid on the Appian Way and tendered our crown. Did he refuse? Of course! And had he not lain critically ill in a Chicago hospital from the sequelæ of an operation for appendicitis at the time of the Atlantic City meeting, there would have been some show of a contest made for our shoes—as we had months before declared to our intimates that we were not again in line. As it was, there was no choice, and the

office went by default, though to-day it is claimed to have been won by the merit of hustle! And the Institute is expected to approve of this course! The hustling editor of the *Medical Visitor* need not lie awake o' nights or feel "awful bad," for we are not after his office. We didn't want it at Atlantic City and we don't want it now or hereafter. If he is satisfied with his "victory" over a former friend and brother editor, then the incident is closed.



## Book Reviews.

Dr. Stacy Jones has given us a second edition of his Bee Line Repertory, which has just appeared upon our table, having been very greatly changed and enlarged and yet kept within the pocket-book compass. As to its intrinsic merits it is the same little useful book that its first edition was. And everybody fell in love with that edition at first sight. As we said then, we will say of this newer and larger book, that it contains many things that an ultra homeopath would turn up his nose at in disgust: but fortunately there are remaining very few of the ultra kind. On the whole, the book is an efficient helper in a moment of need—that special moment when every bit of knowledge needed for an instantaneous decision has all gone glimmering. The Bee Line doesn't pretend to be an encyclopedia of medicine in fourteen volumes; but it does pretend, and carries out its pretensions honorably to the letter, to being a quick reminder or remembrancer of the thing to do on the spur of the moment. Our good friends—Boericke & Tafel—are the publishers of the second edition, as they were of the first.

A DIGEST OF EXTERNAL THERAPEUTICS, with Numerous Formulæ Arranged for Reference. By EGBERT GUERNSEY RANKIN, A. M., M. D., Physician to the Metropolitan Hospital Department of Public Charities. Boericke & Runyon Co., New York, 1899.

The title of this book clearly demonstrates its purpose—its raison d'être, and the name of its author gives ample assurance that the work has been well done; the work is unique in this field, and if we may be permitted to use an

awfully hackneyed phrase we will say that it fills a long-felt want. Here some of our ultra pure homeopaths may object to outward applications: but it is also certain that the ultra pure do not buy modern books on homeopathy unless they deal chiefly in moonshine, and are built upon the expectation that human ills may be cured or measurably corrected by a single powder of a high potency. But there is an overwhelming number of homeopaths, and who use the high potency too, who have many occasions for adjuvantæ and do not find that their patients are any the worse for having had an onion poultice or a whisky-and-hops poultice, or a cold-compress when suffering from intense pain or colds or fevers. It is true, to be honest, that Rankin gives a good many things that a homeopath should not use, or if he uses must not be bound up with a homeopathic victory: but that is not obligatory on the homeopath. Our daily papers are filled with worthless advertisements and alleged news; nevertheless we purchase the paper and do not read, or if we read do not heed, the objectionable parts. We are disposed to commend the book for its evident fairness to all schools of practice; its trustworthiness in what it discloses and recommends, and for the final reason that here at last we have within a book's compass a thorough *résumé* of this important subject. We see no reason why the good homeopath may not buy and use this book according to his needs and those of his patients. It is well printed and bound, and makes a handsome addition to the working library of the busy practitioner.

**THE MENOPAUSE.** A consideration of the phenomena which occur to women at the close of the child-bearing period, with incidental allusions to their relationship to menstruation. Also a particular consideration of the premature (specially the artificial) menopause. By ANDREW F. CURRIER, A. B., M. D., New York: D. Appleton & Co. 1897.

An interesting book, handling a subject that is capable of an infinite variety of opinions. Dr. Currier, however, doesn't pretend to advance any new opinion of his own: he contents himself with reviewing the field and picking out those points which have been more or less prominently in the professional eye since the

appearance of any former book upon this subject. He is decidedly opposed to the old dogma that the menopause is necessarily a dangerous and critical period for woman to go into. He is equally firm in his objection to the statement that all manner of tumors, cancers, and other blood wrongs are the natural accompaniments of this period. He discusses with much feeling the question of the artificially produced menopause—through operations. And his points are well taken. He answers a great many questions that are put to the family physician touching the after-effect of an operation upon the womb or the ovaries. The book is well prepared, is not over-learned,—meaning no offense by that expression,—is direct and to the point. It is well divided, and any subject of which it treats is easily found. And when found clearly and succinctly treated of.



## Globules.

Dr. George Frederic Clark and Miss May Frances Wheeler were united in marriage at Bay City, Mich., on Wednesday, October 4. Our best wishes.

Dr. J. W. Parker has changed his address from Grass Lake, Mich., to No. 30 Main Street, Battle Creek, Mich. Dr. Parker adds that his former location is open to some good homeopath.

The Hahnemann Society of the Cleveland Homeopathic College had an open meeting the other night which was graced with music and addresses; much good cheer and friendship prevailed.

"Donation Day" is how the Buffalo Hospital Leaflet red-letters its title-page. Good idea. Why not have a donation day in some of our alleged homeopathic colleges—and leave the articles to be donated for such purpose to the generosity and intelligence of the donors. What would the harvest be, think you?

**Homeopathic Pamphlet Series** is a series of pamphlets published in Boston for public distribution. The intention is to put these pamphlets down so cheaply that they may be easily introduced into the public channels. We heartily approve of this undertaking, knowing



how densely ignorant the majority of the populace is on the true merits of homeopathic practice, and we believe that our Boston doctors and others who are preparing these pamphlets incog. (for no doctor's name appears upon them as author) are engaged upon a good work. We hope Mr. F. M. Adams, the Lay Secretary of the club, will have abundant success. Address him at Seaverns Avenue, Boston, Mass., for full information, price, etc.

At the fourth Annual Commencement of the Training School for Nurses associated with the University Hospital, Homeopathic, Ann Arbor, five students were graduated.

The Detroit Homeopathic College issues its Order of Exercises giving the studies and hours for the classes. One of its attractive features—of this Order of Exercises—is that *materia medica* is taught to all the classes.

Martha A. Canfield, A. M., M. D., of Cleveland was the chief speaker of the annual commencement exercises of the Trained Nurses of the Ann Arbor Homeopathic Department recently held. From a newspaper account of her remarks we are moved to say that it was a fine one, in line with all that is good in the nurse profession, clearly and calmly pointing out the pitfalls and commending the good to be found and to be striven after. We understand that our brother of the *Medical Century* secured the original copy, and that, therefore, this eloquent paper will be given to the profession at an early date.

We note with some surprise, mingled with no little chagrin, that in his triumphal tour Dewey the Admiral has had no assistance from the preachersmen and the wyemseea contingent. This seems to us to be a grievous omission. It is very evident that Dewey is but an ordinary sailor, unfamiliar with the best needs and fashions of modern society, else he would have early recognized the value of having his addresses prepared and delivered for him by the preacher-folks—more especially since it has become apparent that he, too, like most of our modern medical professors, is incapable of making an address. And then he prates of his profession! Why there is only one learned profession, and that is the ministry!

The Homeopathic Medical Society of Eastern Ohio held its fifty-third semi-annual meeting in the Assembly Rooms, City Hall, Canton, Ohio. One of the features of this enterprising and enthusiastic Society was the special regard given the memory of good Father R. B. Rush, who died early in the year. And we fancy from the invitation to participate in this service as prepared by the Secretary, Dr. R. B. Carter, that many a thought-flower and deed-token was showered upon the memory of the good old man.

The *American Review of Reviews* for October has an excellent *résumé* of the Dreyfus case, and also a copy of Mr. Stead's *Chronicles* in the same case. It takes up and nicely treats as much of the Dewey furore as it was possible for it to know at the time it went to press. Its record of the world's history for one month is in its customary thorough and impartial manner.

The Cleveland Homeopathic Medical College had an auspicious opening, as prophesied in these columns, Dr. J. M. Lee of Rochester being the guest and principal speaker. The Dean, Dr. G. J. Jones, following with an address directed mainly to the general welfare of the students. Judge White, the President, presided with his usual dignity. At this moment there are about 150 students registered and others still coming in. At the conclusion of the opening ceremonies a banquet was laid at the Colonial Hotel. Much satisfaction is expressed by the classes with the prompt and orderly manner in which everything went off this year and at the manifest disposition on the part of the officers and teachers to have no solution in the continuity of the studies by "soldiering" either on the part of the faculty or of the class.

"Diseases of Children" is a new book by C. Sigmund Raue, M. D., who is Visiting Physician to the Children's Hospital and Chief of Children's Clinic, Philadelphia; Visiting Physician to Children's Wards in the Woman's Homeopathic Hospital, Philadelphia; Member of the American Institute of Homeopathy, of the Homeopathic Medical Society of the State of Pennsylvania, of the County Society, etc. It is from the press of Boericke & Tafel, for

1899. It is a book of very nearly five hundred pages well printed and well arranged. We admire especially its materia-medica directions, which are copious and good. This is not to say, nor by implication leave the impression that in other regards it is defective, for it is not. It is good from cover to cover. It takes the customary form of chapters, each devoted to some special branch of disease common or peculiar to children, which in its turn makes a detail of its origin, symptoms, course, treatment, etc. Its composition is well done, legible, and logical. It is a worthy book, and will find a glad welcome at the hands of the old-fashioned homeopaths. We wish the book well.

"St. Nicholas" is with us as of yore, and the children—both old and young—fight for it. It is filled with good, wholesome stories. *St. Nicholas* never talks "down." It always lifts you up and gives you something to think about.

The water-front of New York found in the October number of *Scribner's* is graphic and fine. We, who recently spent a while in Dewey town, recognize many of its pictures. Some day, when that barb-wired medical examination law is broken down in that State, we will think of removing ourself and our belongings to New York. This will now doubtlessly result in the tightening of the strands of that wire. Joel Chandler Harris continues his "Chronicles of Aunt Minerva Ann." A story from bank life is well told by Judson Knox.

The *Century* contains Sampson's Tribute to Dewey as a national hero. It is worth reading several times because it is a dispassionate, careful study and presentation of the case. The *Oregon's* great voyage is another interesting story, by Lieutenant Edward W. Eberle, U. S. N., found in the current *Century*, and will be read with interest. Franklin—the many-sided—still holds his monthly chapter or two in this magazine. In other ways the *Century* is up to its high-water mark for excellence of work.

We have fallen a victim to our own censure. In our last issue appear two papers received by us for publication from Medical Societies. In each instance due and proper credit was

omitted. We refer to Dr. Stearns' paper, read before the Southern Homeopathic Medical Association; and the paper on Nux by Professor Mark Edgerton of Kansas City, which was presented to the Homeopathic Society of Ohio at Springfield. We assure these gentlemen and our readers that our intentions were good; we do believe in giving credit to the societies which favor us with their papers. We do not care to travel under the pretense of having original papers in our issues—papers prepared expressly for us—when they are in fact merely loaned by some medical society. The omission of the credit mark was an accidental and regretted omission. A paper that is good enough to receive a respectful hearing before a State society is good enough to appear in our pages with the credit due to it. And we will not knowingly publish a paper from an author who seeks to deceive us on this point.

A book the price of which when originally published was twelve dollars alone and a year's subscription to the New York *Lancet* (Address 156 Fifth Ave., New York) is offered for four dollars. The book is Flint's "Encyclopedia of Medicine," a work covering practically every subject in medicine.

New, revised, 1898 edition; 1558 pages; 8vo; cloth. As has been aptly said, "A book for the desk and not for the shelf."

Thousands of endorsements have been received.

"After several weeks of practical use I must say that I cannot see how you give so much for the money. I have a very good library, but when I want an idea *quick* I go to Flint's Encyclopedia. It serves to review, and not rarely to give points not found elsewhere. I feel it my duty to thank you for such a book.

"DAVID RALPH BOWEN, M. D."

The *Medical News* says.—The text is brief, clear and explicit. As a volume for ready reference it occupies a field wholly by itself.

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#### The American Homeopathist.

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# The American Homeopathist.

NOVEMBER 15, 1899.

FRANK KRAFT, M.D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



C. R. CROSBY, M. D.,  
Cannonsburg, Mich.

## A NOBLE EXAMPLE.

COINCIDENT with the brilliant nuptials, recently, of Dr. Hamilton F. Biggar of Cleveland, came the rather sudden announcement that the sister of the bridegroom, Miss Sue Racey Biggar, has entered the nurse-probationer class of the Pennsylvania Hospital at Philadelphia.

Few can adequately estimate the struggle of the devoted parents in resigning this favorite daughter, albeit to a noble and self-sacrificing profession, but one nevertheless fraught with drudgery, great labor, and danger. Miss Biggar,

so well known to Cleveland society, and as may be readily understood by others who knew this young woman, had all that at command to make her life a social success; yet, with a wisdom beyond her years, she has measured the depth of this specious triumph, and resolutely turned her face to the calling of the nurse-sisterhood. The step was taken upon no sudden prompting of a possibly emotional nature; but, as was afterward learned, only after long pondering of the question.

It was a sore disenchantment for the father who had built high hopes upon the skill evidenced and the success achieved by Miss Sue in the field of art, to which she had been devoted, especially in sculptoring, and where she was soon to have begun working in marble. However, when the daughter's firm resolution was learned, Dr. Biggar journeyed to Philadelphia several times and eventually completed the arrangements.

There is no intention, in this unusual deviation from the strict line of medical editorial, to convey the impression that the adoption of the nurse profession is a descent in life's scale. For it certainly is not! It is a noble profession, co-equal with that of the physician himself. Indeed, in many ways it is his superior. The latter sees his patient but as one of a daily number. The faithful nurse sits the pain-wracked couch beside, in all those long and dreary watches of the almost never-ending night, listening to the moan of agony, noting with soft heart and kindling eye the advent of returning health, or else with bated breath the approach of Eternity's dread messenger! To her is given the stilling of the body's needs, and as well the ministering to a soul most oft alone and troubled.

But, in this instance, this young woman was already become a familiar figure in pleasure's round. Her place in society had been notably achieved. Much of the roseate life that warms the maiden's heart in the mere contemplation was at her command. With wealth and influence, with rare social prestige, with youth, education—united to a most charming personality and a happy address—all these she resigned without a murmur to take up the life of greater usefulness to humanity. There was no sorrow in her young life: no cruel disappointment to cause renunciation of that which young womanhood holds most dear. No momentary glamour which might perchance mislead an intense and artistic nature to adopt an humbler calling attracted Miss Biggar. She had been her father's constant companion, his inseparable associate, studying with him, visiting with him his patients, and at the hospitals. Her ear had been attuned to the cry of distress and pain, and the veil of the poetry of self-sacrifice had been rent and her young heart made to see the dread realities. Yet still she chose the nobler part! The prayer of every lover of his kind will go with Miss Sue and wish her success and contentment in her new and nobler field of work.



### **Materia Medica Miscellany.**

Conducted by J. WILFORD ALLEN, M.D., 110 West 12th Street, New York.

References in this department are made by number. See issue of January 1 or December 15 of each year.

#### ***Aethusa Cyn. and Cholera Infantum.***

T. G. Roberts of Chicago in Medical Advance gives the following symptoms as indicating the drug: Violent and sudden vomiting immediately after nursing, the milk coming up just as it was swallowed; or, if the milk has been retained a short time in the stomach, it is thrown off in curds so large as to almost choke the child. Milk seems to be poison to the child and cannot be made to agree. Vomiting of a frothy white substance resembling milk. The child is so exhausted after vomiting that it falls into a deep sleep, but nurses again as soon as it

awakens. The vomiting of this remedy is forcible and difficult, and sometimes without nausea. Stools light yellow or greenish liquid, preceded by cutting pain in the abdomen. After vomiting or purging, the child lies stretched out in an unconscious condition, with dilated pupils and a fixed and staring look. Spasms with clenched thumbs, and eyes turned down; trismus; red face; foam at the mouth. The upper lip is pearly white, and there is a drawn condition, beginning with the wings of the nose, and extending to the angles of the mouth, giving the face an expression of great anxiety and pain. This condition, otherwise known as the *linea nasalis*, is very characteristic of the drug. Pulse small, hard, and quick, sometimes imperceptible. Restlessness and great anguish; surface of the body cold and covered with clammy sweat. The *æthusa* cases come on suddenly, and the most prominent characteristics are the intolerance of milk and the vomiting of large curds, the clenching of the thumbs, the peculiar fact that the eyes are drawn down, not upward or sideways, the *linea nasalis*, and the great weakness after vomiting, stool, and spasm. Nash says that *æthusa* has complete absence of thirst. According to Bell, it may be necessary to follow *æthusa* with some anti-psoric, most frequently psor. or sulph.

#### ***Berberis Vulgaris.***

Professor Dewey,<sup>18</sup> in writing an article on this drug, says:

In studying the pathogenesis of *berberis*, one is struck first with its pains. Pains of a stitching and shooting character are found everywhere, but more especially in the renal region and also in the region of the liver; here it produces many symptoms resembling an attack of gallstone colic. It has also other symptoms which make it a valuable all-round liver remedy. It is a true biliary purgative, and is especially useful where a bilious diathesis prevails. Here its action seems to be to arouse the liver to a healthy and vigorous action. The special symptoms calling for its use are a yellow complexion, a jaundiced hue, such as is produced by congestion of the liver; the tongue is furred and there is much depression of spirits. The digestion is impaired, and a prominent symptom, and

one that is common in liver affections, is belching of gas for hours after eating, especially solid food. There is much prostration, a dry and sticky mouth, with an offensive odor to the breath, easy perspiration, and symptoms such as one finds in what is termed bilious dyspepsia. If with these symptoms there is a bilious diarrhœa, it is all the more indicated. Here, I believe, like *hydrastis*, it should be used in the lower potencies, lx or o.

Besides these symptoms there is usually much pain in the liver, ranging from a feeling of discomfort to very severe stitching pains in the right hypochondrium.

### *Hydrangea Arborescens.*

D. M. Nottingham, M. D., Lansing, Mich.,<sup>11</sup> says:

The value of this drug was forcibly impressed upon my mind by the following case:

Mr. B., age seventy-one; tall, slender, dark complexioned; was exceedingly irritable and frequently subject to violent paroxysms of anger. For many years he had been accustomed to make the most reckless use of medicines and drugs. I found it almost impossible to confine him to homeopathic medicine. He would frequently come to the office for remedies; but before reaching home would procure and take some so-called "stronger" drug. For eight years he had suffered from vesical sphincter irritation, with dribbling of urine, severe spasms of the prostate, vesical catarrh, and yellow sand in the urine, even to the extent of small calculi.

After the persistent use of the best indicated remedies which I could suggest had failed to check the severity of these symptoms, I finally gave him *hydrangea arborescens*—a teaspoonful of the fluid extract every three to four hours. I persisted in the use of this one remedy, and the symptoms disappeared in a remarkably short space of time.

The knowledge of the use of *hydrangea arborescens* in calcular diseases has been made of use for a great many years. It provokes a discharge of urinary concretions in the kidney and bladder, which renders it of use in gravel and its associate diseases. In physiological doses it produces giddiness, oppression of the

chest, and acts as a cathartic, diuretic, sialogogue, and a narcotic.

### *Sleeplessness*

#### *During Pregnancy.*

*Aconitum*: Sleeplessness after midnight, with fearfulness, restlessness, and tossing about; she keeps her eyes closed from anxiety; anxious and vivid dreams; insomnia, from a nervous fear that she would not be able to sleep, or in consequence of a gastric disturbance. *Belladonna*: Nervous excitement, in consequence of local congestion, causes the sleeplessness; a reddened face; headache; anxiety and restlessness; awakens with a start on going to sleep; complaining and tossing about; she feels sleepy, and cannot get to sleep; awakens the next morning very tired. *Coffea*: Sleeplessness in consequence of excitement, either mental or corporeal; joy or an agreeable surprise; from long watching or an abuse of coffee. All the senses are over-stimulated. *Hyoscyamus*: Sleep with much dreaming, from excitement, fever, jealousy, fear, or misfortune in love affairs. This remedy is particularly indicated for excited persons during pregnancy. *Nux Vomica*: Sleeplessness from disturbances of digestion. The patient takes a short morning nap, and then awakes tired and unrefreshed, with headache, a bitter taste in the mouth, a coated tongue, etc. *Stramonium*: The patient awakes with a very important look, and all about her seems new. Sleeplessness, with tossing about in bed. *Pasiflora*: Insomnia, with headache from nervous exhaustion, following overexertion of the mind. —Hom. Monatsblaetter.

### *Intermittent Fever,*

#### *Cured with Chamomilla.*

Ellis of Fort Smith, Ark.<sup>12</sup>: One often reads of the wonderful action of *nux vom.*, *nat. mur.*, *ars. alb.*, *eupat. perf.*, *igna. ama.*, *ipéc.*, and a few other old stand-bys, but I believe I never saw the report of a case of intermittent fever, cured with *chamomilla*, and as it bears out our law of "*Similia similibus curantur*" I will report the case, hoping it will interest my confrères, as it demonstrates the fact that, no matter what the remedy is, it will cure, if it is indicated, and that we must individualize each case.

Miss Ethel, aged five years, has had chills and

fever for eight days; she looks rather sick. I note that she has red hair and blue eyes, is rather chubby, and that one cheek is red. On investigation I find that the cheek is hot, while the other cheek is cold and pale; and I find out another thing, and that is that the young miss has a temper, and is not backward in showing it, as she gave me a good box on the ear, and gave me to understand that she did not want me. Her mother says that she wants everything in the house, and that they have had their hands full trying to please her, that everything given to her is thrown away, that she has a chill at 9 A. M. every other day, that she does not shake with the chill, but has spells of being chilly, that she has no thirst with the chill, but violent thirst with the fever, that she has a profuse sweat of the face and hands, and that it smells sour. I gave her cham. 3x, 10 drops in one-half glass of water, dose teaspoonful every two hours, and I pleased to report the case cured without any further medication. This was three weeks ago, and no recurrence.



### VERBASCUM THAPSUS.

By W. A. DEWEY, M. D., Ann Arbor, Mich.

**V**ERBASCUM belongs to the Scrophulariaceæ family, or the scrofula-curing order of plants. It has a thick stalk from eighteen inches to four feet high, with large woolly mucilaginous leaves, and with a long flower spike bearing plain yellow sessile flowers.

It is called mullein, and its name is derived from the Latin *mollis*, meaning soft. The name *verbascum* is an altered form of the Latin *barbascum*, from *barba*, a beard, in allusion to the dense, woolly hairs on both sides of the leaves. The name *thapsus* is from its native place, the island of Thapsus. There is a French word, *molène*, signifying the "scab" in cattle, and the plant is famous for curing that disease in France. Other common names are cow's lungwort, Jupiter's staff, velvet dock, etc. The Greeks and Romans made lampwicks of its dried leaves and utilized its stalks, dipped in tallow, for funeral torches. It was also called "hag taper," because it was employed by witches in their incantations. It grows common everywhere in Europe and America.

**Preparation.**—Our homeopathic tincture is made from the fresh plant gathered in July as the plant comes into bloom. The method of Hahnemann is closely followed in the American Homeopathic Pharmacopœia, which should be followed closely in making the tincture.

Mullein oil is made by steeping the flowers in olive oil for twenty-one days, exposed to the sunlight.

**Historical.**—It has been used in medicine from ancient times. In Ireland it is still used in consumption; an infusion is given which palliates the cough, stays the expectoration, and increases the weight. In Queen Elizabeth's time the leaves were carried about to prevent epilepsy, and distilled water of the flowers was said to be curative of gout. It undoubtedly possesses antiseptic and germicidal powers. Gerard says that figs wrapped in mullein leaves will not putrefy, and mullein oil has been found to be an admirable germicide. An infusion of the flowers was used by the Roman ladies to tinge their tresses a golden color, and a hair wash made from the mullein is highly valued in Germany even to this day. The dried leaves of mullein smoked in an ordinary tobacco pipe is a popular remedy for asthma and the hacking cough of consumptives in many parts of New England.

Mullein oil is a popular remedy in Germany for frostbites and piles, and in this country it has of late been revived as a remedy instilled into the ear for deafness. Also it has been used in enuresis.

*Verbascum* has no place in the U. S. Pharmacopœia. It was proved by Hahnemann and his disciples.

**General Action.**—The general action of *verbascum*, as obtained from the provings and subsequent clinical experience, seems to be as follows:

1. On the inferior maxillary branch of the fifth pair of cranial nerves.
2. On the ear.
3. On the respiratory tract.
4. On the bladder.

**Neuralgias.**—The pathogenesis of *verbascum* abounds in neuralgic pains, for the most part referred to the parts supplied by the auriculo-temporal branch of the inferior maxillary nerve,

namely the zygoma, the temporo-maxillary joint, and the ear, particularly on the left side. It is therefore a useful remedy for neuralgia affecting these parts, with coryza, lachrymation, and a sensation, which is characteristic, as if the parts were crushed with tongs. Talking, sneezing, and change of temperature greatly aggravate the pains. The pains seem to come in flashes, and are excited by the least movement, and by pressing the teeth together, showing the involvement of the inferior dental nerve. It occurs quite periodically, the same hour in the morning and afternoon of each day. Dr. Clotar Mueller cured a case of migraine with it on these symptoms and a drawing in the ear, and a sensation as if something had stopped the ear. The patient had suffered twenty years, and verbasum radically cured it.

*Ear.*—These neuralgic symptoms, rendering otalgias with the sense of obstruction, especially indicate the remedy. Neuralgic earaches are greatly benefited by its use. It has also deafness, and the use of mullein oil instilled into the ear has proved useful in a number of cases.

*Respiratory.*—The cough is of laryngeal and tracheal origin, and it is especially marked by hoarseness; the voice is deep, harsh, and hoarse—a “basso profundo.” In sounds like a trumpet. The cough is worse at night. It is a useful remedy in asthma and the chronic coughs of old people when there is much hoarseness.

*Urinary.*—There is a constant dribbling of urine. Enuresis nocturna. Dr. Cushing claims that he does not know of a case where it failed to cure. He uses the 3x. Several cases of enuresis cured by the remedy have been published in our English periodicals. It is worthy of a trial in obstinate cases, though indications for its use are mainly clinical.



### SOME OF OUR HOMEOPATHIC A'S.

By E. FORNIAS, M. D., Philadelphia.

What is the action of aconite on the circulation?

It accelerates the blood flow, but it does not produce organic changes. The disturbance is quantitative, not qualitative; that is, it only deals with its distribution; hence it will not do for specific fevers, depending on

a morbid state of the blood, such as typhus, typhoid or intermittent.

Give the fever of aconite.

Either inflammatory or rheumatic, always sthenic, before disease is localized with increased thermogenesis, pulse-rate, and respiration. Creeping chills followed by heat and dryness of skin. Full, hard, bounding pulse. Great thirst; red face, anxiety, fear of death (ars.), sleeplessness, restlessness, tossing about, throbbing headache, and even delirium. If pains are present, there is moaning and anxious lamentations.

Give mental symptoms of aconite.

Restlessness, anxiety, and uneasiness of mind and body, causing tossing and sighing and frequent change of posture. Forebodings, anticipations of evil; anguish of mind, fear of death (ars.), and even a distinct anticipation of its occurrence. Afraid of a crowd, or of crossing busy streets. (These are of prime importance in the selection of this remedy).

When is aconite indicated after scarlet fever?

When from a cold the following symptoms are suddenly developed: Child in agony, sits up straight in bed, can hardly breathe; pulse like a thread (ars.); urine dark and scanty; vomituriatio; sweat with anxiety; swelling under the short ribs.

Give summer complaint of aconite.

When there are purging, vomiting, and semistupor, with cold hands and feet; or during teething the child is hot, restless, and bites its fists. Head and bowels congested. Stools watery (ant. crud., podo.) and slimy with colic, or like large choppings of grass (arg. nit.), discharged like blasts of wind and water. Attack following hot days and cold nights.

Give the croup of aconite.

Either catarrhal or membranous. Usually in children exposed to dry, cold winds, with dry, hard barking cough (spong.); aroused from first sleep as if suffocating. Child grasps its throat in agony. Skin hot and dry; or cold, with blueness of face and covered with cold sweat.

Give the heart symptoms of aconite.

Uncomplicated hypertrophy without valvular

lesion. Anxiety about the præcordia, heart beats quicker and stronger, with fear of death. Palpitation worse when walking. Pulse excited, hard, full, and rapid. Cardiac oppression and even syncope. Attacks of intense pain from the heart down left arm, with tingling and numbness of fingers. Lancinating stitches preventing standing erect.

Give colic of aconite.

Inflammatory colic, forcing patient to bend double (colo.) or writhe with torture, relieved by no position. Hot, distended abdomen, worse from pressure. Burning, cutting, and darting in the bowels. Paroxysms of anguish. Contractions and crampy pains in the region of the bladder, with constant but ineffectual urging to urinate (canth.), and pains in the loins as if bruised. Especially after a cold. Enteritis. Peritonitis.

Is aconite ever indicated in gastric trouble?

If the mouth and lips are dry, the tongue has a thick yellowish coating, the taste is bitter, the thirst unquenchable, with burning up to mouth, and the stomach rejects everything but water. (Ars. cannot tolerate even water.) Or there is nausea and vomiting of green masses, which when repeated leaves a sensation of a cold stone in pit of stomach, then aconite is the remedy; especially if fever, headache, increased micturition, and anxiety attend the gastric disturbance in its early evolution.

Give the hemoptysis of aconite.

Hot, fresh arterial blood comes up, even with an easy hawking, hemming, or slight cough, causing a decided burning sensation behind sternum. May be vicarious. Feeling of fullness, expression of anxiety, fear of death; palpitation, quick pulse; and great restlessness, worse from lying down. Caused by mental excitement, exposure to dry, cold air; or after drinking wine.

When is aconite indicated in pneumonia?

In the first stage, with fullness, soreness, and heat in chest; with or without sharp, shooting pains. Creeping chills; hot skin; quick and hard pulse; mental anxiety and restlessness. Tossing about. The cough

is dry, hacking, or slight, brings up thin, blood-tinged sputa. Fever runs high. From exposure to dry, cold air.

Give pains of apis.

Burning, stinging pains which cause an intense soreness. Soreness of mucous membranes. Patient nervous and fidgety. Scanty urine. Swelling followed by œdema.

Give dropsies of apis.

In hydrothorax, burning or sharp stinging pains in chest. Great oppression; can't breathe or lie down. Ascitis. Great soreness of abdominal walls. Of ovaries (esp. right), burning, stinging pains. Hydrocephalus; torpor, delirium, sudden piercing shrieks; squinting, grinding of the teeth, boring of head; one side twitching, the other paralyzed. Waxy, œdematous face. Absence of thirst. Sleeplessness, and very scanty urine.

Give the throat symptoms of apis.

Swelling of throat and tongue. Burning, stinging, and lancinating pains. Diphtheritic deposit, dirty, looks like wash leather. Redness and œdema. Dryness of mouth and throat. Burning and stinging when swallowing. Infiltration of cellular tissue about neck. Œdema of glottis and uvula. No thirst, and scanty urine.

Give fevers of apis.

Typhoid character, accompanied by partial sweats and hot skin. Dry skin in one part, sweat on the other. Drowsiness, thirstlessness, sleeplessness, and scanty urine, worse 3 P. M. Intermittent chill 3 P. M., worse in warmth, runs down the back, with great prostration. Headache during hot stage. Sweating absent or slight. Thirst only during chill. Restlessness and urticaria. Sleeplessness and œdema.

Give diarrhea of apis.

Stools yellow and watery, worse in the morning. Anus remains open (phos.) and fæces escape with every motion of the body. Sensation of rawness in the anus. Œdema and rawness and smarting of mouth. (No thirst, scanty urine.)

Give eye symptoms of apis.

Asthenopia and chemosis; a puffiness of the conjunctiva showing œdema.



**ATROPHIC RHINITIS AND ITS TREATMENT.**

By J. H. BALL, M. D., Bay City, Mich.

**A**N elaborate definition of this condition is unnecessary at present. Suffice it to say that by the term is meant an atrophied condition of the mucous membrane, accompanied many times by a symptom sufficiently disagreeable to ostracize its unfortunate possessor. In ancient times it excluded the sufferer from the privileges of the priesthood. In modern times this symptom has been accepted as sufficient grounds for divorce. I refer, of course, to the offensive odor so often a symptom of certain stages of this condition.

The synonymous use of the terms *ozena* and *atrophic rhinitis*, in my judgment, is incorrect. *Ozena*, as properly defined, means a fetid and ulcerated condition. Primarily the term was used to mean a bad smell, then later came to include ulceration, and the term now means a fetid ulceration of the nose. So, correctly speaking, *ozena* occurs as a complication of certain stages of *atrophic rhinitis*, for true ulceration does not occur in uncomplicated cases. When it does occur as a complication it is more often in the stage of complete atrophy, where the resistance of the membrane to ulcerative processes is almost entirely lost. Ulceration also occurs in syphilis, cancer, glands, rhinoliths, necrosis of the bony framework of the nose, and purulent conditions of accessory sinuses. In *atrophic rhinitis* the retention of the secretions under the crusts of mucus forms a very favorable medium for the growth of bacteria, and from this arises the odor. It will be seen, then, that *ozena* is a secondary symptom, and not a condition identical with *atrophic rhinitis*.

Chronic catarrhal inflammation of the nasal mucous membrane passes from simple rhinitis to the hypertrophic form, and eventually results in the atrophic changes. This is the ætiological history of most cases of *atrophic rhinitis*. Other factors, such as exposure to irritating vapors or dust, syphilis, or any condition affecting the bodily nourishment as a whole, are prominent. When due to general causes the cases are apt to be accompanied by ulceration and its usual symptoms. In other words, these are the cases

most likely to be complicated by *ozena*. Bacteria do not play any part in the causation of *atrophic rhinitis*, but are secondary to it: They are never found in the mucous membrane, but always in the secretions, where they produce changes which cause the disagreeable odor. The irritation resulting from the presence of the decomposed secretions reduces the vitality of the membrane and aids in the formation of the (complicated) ulcers.

The pathological changes are the result of a long-continued chronic inflammation. The increased connective tissue of the hypertrophic condition takes on a cicatricial character. This contracts, lessening the lumen of the blood spaces, driving the blood from the part. The turbinate bodies become contracted and smaller in size. The membrane becomes more or less smooth, pale, dry, and, maybe, shiny. The lessening of the blood supply results in an atrophy of the glands, more especially the serous glands, the mucous glands not being affected to so great an extent. This fact explains the presence of the thick mucous discharges and the absence of all watery secretions, which normally wash away the thick mucus. This mucous secretion dries down and forms crusts and scabs which adhere very closely to the membrane, causing very annoying sensations to the patient, who, in endeavoring to relieve himself of the annoyance, tries to remove the crusts. Upon their removal, a layer of the epithelium adheres and comes away with them, leaving an area of hyperæmia beneath, and not infrequently their removal is followed by bleeding. The frequent removal of these scabs and the resulting disturbance to the epithelium is often productive of ulceration, one of the unpleasant complications of *atrophic rhinitis*.

In the treatment two ends are sought. First, cleanliness. Second, stimulation.

In our process of cleansing, the crusts are moistened and removed with as little disturbance as possible to the epithelium. The germ-infected secretions are removed and the reformation of the crusts prevented so far as possible.

In our efforts at stimulation, the desire is to promote a renewed activity of the glands, more especially the serous glands, which, as has been

stated, are the ones most involved, and, so far as may be, promote a more normal functional activity of the mucous membrane.

For cleansing, hydrogen dioxide is one of the most useful agents at hand. A twenty-five per cent. watery solution used to spray the nose three or four times a day will soften and remove the crusts without irritation, also cleanse the mucous membrane of retained secretions. It may be that in some cases the patient, after using this spray for a while, will complain of a disagreeable sensation of dryness in the nose. This may be easily overcome by using liquid petroleum instead of water for a base. The oil here acts simply as an emollient, and does not in any way affect the action of the dioxide.

For stimulation, the same agents have been in use for the last forty years, and without rhyme or reason the modern text-books advise the use of the same applications as previous editions. I refer to the local use of such remedies as glycerin, iodine, silver nitrate, etc.

Glycerin has nothing stimulating in its nature. Its main property is that of taking up water; it dehydrates the tissues. This action is entirely opposed to the end sought in the treatment of atrophic rhinitis, for we already have a membrane dry and a secretion devoid of its watery elements. The only property glycerin possesses that recommends its use is that it is an emollient, but this one property is not sufficient to recommend its use in spite of its contra-indications. For if an emollient is all that is sought, liquid petroleum will answer this purpose without any dehydrating action.

Iodine is another local agent frequently recommended. It is an irritant rather than a stimulant, and is also an active astringent and acts as an excitant of absorption. Again, compounds of glycerin and iodine in the form of glycerides and iodides are recommended in the simple and hypertrophic forms of rhinitis. It stands to reason that if glycerin and iodine are useful in the simple and hypertrophic forms, where the reduction of hypertrophy and congestion are sought, they are not indicated in the atrophic form, where the end sought is almost the opposite of the former conditions.

Silver nitrate is another local agent very popular as a stimulant for this condition. In a

weak solution it acts as an astringent, contracts the superficial vessels, coagulates the albumin of the membrane, and destroys its vitality. It is not, properly speaking, a stimulant, even as applied to unhealthy ulcers, for here it simply hastens and promotes eschar formation by its astringent and antiseptic properties. This, I think, is sufficient to show that glycerin, iodine, and silver nitrate are not scientific local applications to an atrophied mucous membrane.

But a local application that to me seems to possess all the requirements for usefulness in this disease is balsam Peru. It is a stimulant, and as such its properties are especially directed toward mucous membranes and secreting organs. It is as well a detergent. And if the case be complicated with ulceration, balsam Peru is indicated where the ulcer is large, deep, indolent, and unhealthy, does not bleed easily, and exudes a discharge which is very offensive. The balsam is not only stimulating here, but also cleansing, deodorizing, and antiseptic.

If the ulceration is superficial, bleeds easily, and appears as a raw spot where the epithelium has been stripped off, but is slow in covering over, the local use of zinc-oxide ointment is superior to all other remedies. It acts as a desiccant and mild astringent. Of course its use here is directed toward the healing of the ulcer only, and is in no way directed toward stimulation of the atrophied membrane.

Dioxide of hydrogen is also an excellent application in ulceration. It is stimulating as well as cleansing. Following the use of dioxide the ulcer may be dusted over with protonuclein powder. This treatment often gives very pleasant results.

Hygiene, as well as medicinal measures, is an important element in the treatment. The patient's surroundings should be such as to remove all source of irritation. The nasal mucous membrane should be protected from irritating vapors, tobacco smoke, sulphur fumes, dust, etc. The habits and diet should be carefully looked after in order that the patient's physical nourishment may be brought to as high a standard as possible.

Climatic conditions may require consideration in some cases. The patient should not seek the dry atmosphere of the South, West, and

higher altitudes, as the patient with hypertropic rhinitis might, but rather the seacoast or any water resort where the atmosphere contains a large per cent. of moisture.

Finally, we should not forget the indicated homeopathic remedy. The selection of the similimum should be made with the greatest care. When the patient is first seen all the symptoms should be carefully elicited and studied. This should be done before they are obscured in any way by the local treatment, and a prescription made from the totality of these symptoms.

It is undoubtedly true that if the same energy were expended in search of the indicated remedy as is expended along other lines of treatment our list of cures would be longer.

### FEVER OF ACONITE—AND COMPARISON WITH FEVERS OF OTHER REMEDIES.\*

By DR. DAHLKE, Berlin.

#### CHARACTERISTICS OF ACONITE FEVER.

**R**APIDLY setting in; continuous fever; reaching its climax quickly, and remaining there throughout without any or with very slight modifications; hot dry skin; pulse hard and full; flushed face; restlessness, fear of death, constant tossing about, though each movement causes a shivering; general nervous sensitiveness, pains are unbearable. Thirst for cold water. Symptoms worse during the night, specially in the evening. Quick catching breathing.

The aconite fever is uncomplicated. It consists only of one fierce attack. It shows no inclination to exudation, none to formation of pus, none to go over to the typhoid condition. If the drug does not become master at the onset of the disease, then other remedies must take its place.

Therapeutical application.—Fever due to cold, particularly from dry cold winds; irritative fever, from worms, teething, mental excitement, fright and anger; suppressed secretions follow-

ing cold or mental effects (suppressed perspiration and menstruation, milk fever); sunstroke. Constitution of the aconite patient is found mostly in healthy, full-blooded, chiefly young persons.

Time of application: at the earliest onset, before the illness has become localized. As soon as localization has taken place, the indication for aconite ceases and it can only be used as an accompanying remedy, for instance, in many cases of diphtheria.

Comparison with the fever remedies most in use.

*Apis*.—Great lassitude from the onset, perspiration and temperature unevenly distributed; worse toward 3 P. M. No thirst during shivering.

Inclination to serous exudations (meninges, pleuræ, ovaries, joints), to fibrinous exudations (throat, heart valves) to œdematous swellings, pain in region of heart apex and through to the back in both sides of the chest. Sudden waking, particularly after short sleep, with tightness in the chest, sensation of suffocation (heart diseases, joint rheumatism passing to the heart, bronchitis in nervous persons), (compare lachesis, during falling asleep, sudden startings with sensation of suffocation in consequence of palpitation or choking in throat; sambuc. and spongia, starting with suffocation in deep sleep). Intermittent and typhoid fever; fever after suppressed acute eruptions, diphtheria.

*Arsenicum*.—High fever (calor mordax); dry skin; thirst; frequent drinking, hasty and in small quantities; restlessness; fear of death, worse after midnight. Often in company with intestinal symptoms (vomiting, food lying like a lump in stomach). Fever, generally with some deep-seated underlying cause; intermittent fevers; typhoid; septic fever, with acid urine and much weakness. Exceptions: gastric fever in children; remittent typhoid, protracted cases. Continued fever in scrofulous children without definite cause.

*Ammon. Mur.*—Commencing influenza; moderate fever; languid; depressed; chills and heats interchanging; cold in the back. Known in Egypt as the great remedy in epidemic fevers due to changes in seasons.

*Baptisia*.—Initial state of typhoid fever; ner-

\* Extract from "Aconite" Specimen Drug. Translated for the *Homeopathic Review* by James Johnstone, F. R. C. S., Assistant Surgeon and Assistant Physician for Diseases of Women, London Homeopathic Hospital. Published by the Berlin Homeopathic Society (*Zeit. Berl. Ver. Homeop. Arzte*, xvii.).

vous and cerebral symptoms prevail (feeling as if he were two persons, as if his body were in pieces); fever increases from day to day; sleepy appearance; white tongue, red edges, or a brown stripe in middle. The severe forms of baptisia fever do not come under consideration here.

*Belladonna*.—Acute onset, red swollen face, bloodshot eyes; brain complications a characteristic symptom (pulsation in head, wild delirium, delusions); steaming perspiration, which, however, has not special importance as in aconite; full hard pulse; extreme sensitiveness; symptoms right-sided, white tongue, raised papillæ, children and full-blooded persons. Scarlatina, colds, milk fever; delayed menstruation; irritation fever.

*Bryonia*.—Continued fever, red face, pallor and fainting in sitting up; great lassitude and pain over whole body, with fear of movement, sticking pains; lies best on painful side; thirst for water in large quantities; dry cracked lips, dry furred tongue; great irritability; intense headache; inclination to pass into typhoid condition or to serous exudations (meninges, pleurae, appendix vermiformis, joints). Rheumatic, catarrhal, gastric fevers; eruptions coming out slowly; suppression of milk or menstrual flow. Fever after anger, cold drinking in heated condition.

*Causticum*.—Influenza fever; general lassitude and pain in all limbs; much cold, often one-sided; cough better after drinking cold water. Inclination to paralysis, for example, in the eyes (ptosis), in larynx (complete loss of voice); in bladder (micturition during coughing); in rectum (can only relieve the bowel on standing). Weak, sallow persons. Chill from dry cold weather.

*Chamomilla*.—Chills and heat interchangeable; one cheek red, the other pale. Nervous heat with warm perspiration in face and head. Nose stuffed, chest full of mucus, tickling cough at night. Children and people sensitive to pain. Easily irritated and with peevish answer. Children want to be carried about. Worse at night and when warm. Therapeutics: chills, irritative and gastric bilious fever (feeling of weight in epigastrium).

*China*.—Fever characterized by periodical crises, worse every other day. Cause either

malaria or chronic suppuration (hectic fever); typhoid fever after loss of blood, with tympanitis and bad-smelling stools; fever in children with catarrhal jaundice. In uncomplicated acute fevers very profuse perspiration is an indication for china. In gastric fevers the indication is liver complication (icterus).

*Digitalis*.—Very languid, sleepy; pulse increased by every movement; sudden flushes of heat followed by weakness. Larynx filled with mucus; pain in region gall bladder; sudden pressure in bladder. Bronchitis in the young, aged, and enfeebled.

*Eupatorium Perfol.*—Influenza fever, coryza, sneezing, and intense headache; severe pains in limbs, breakbone pains, impelled to move. Intermittent fever with same symptoms in head and limbs. Shiverings starting in the back; bilious vomiting at end of hot stage; thirst; gouty fever.

*Ferrum Phosph.*—Rather acute in onset, inflammatory diseases (pneumonia, enteritis, articular rheumatism). Full pulse, rather soft. Excretions streaked with blood. Patient looks well.

*Gelsemium*.—Influenza fever, setting in during damp relaxing weather; very weak, pain all over; drowsy, dull, flushed aspect, heavy head, soft pulse; inclined to pass into typhoid condition. Intermittent fevers with above symptoms. Cold running down the back.

*Iodine*.—High fever, dry skin, thirst, red spots on the cheeks, pulsating headache. Throbbing all over body, pulse full, hard; extreme restlessness and excitement, interchanging with apathy; illness is localized (hepatization in second stage of pneumonia, meningitis, plastic exudation in larynx, glandular and pancreatic disease). Striking combination of symptoms, *e. g.*, "Must eat often, becomes anxious and irritable if he does not eat, but loses in weight notwithstanding." Suited more for chronic conditions.

*Merc. Sol. and Vivus*.—Catarrhal fever, epidemic in wet cold weather; acid mucus running from nose, racking cough, bronchitis; night sweats with bad smell, without relief; irritative fever (worms); inflammatory fever (swelling of glands and glandular tissues with suppuration; pneumonia, gastritis with bilious symptoms and mercurial tongue).

*Nux Vom.*—Catarrhal fever in first stage, before localization in consequence of damp cold weather or through sitting on cold stones; nose stuffed, but yet running, dull headache; rheumatic fever, large joints specially attacked; gastric bilious fever, obstinate constipation or small mucous stool with tenesmus; intermittent fevers, with numerous gastric and bilious symptoms in the non-febrile stage. Thin irritable persons; after the abuse of alcohol; worse in morning; every pain induces defecation.

*Opium.*—High fever, burning all over body, though bathed in perspiration; deep-red complexion, unconsciousness, snoring, starting in limbs; fever as result of fright; irritation fever arising from intestine, brought on by irritation of indigestible food, with threatening or established cramp; typhoid fever in later stage; lying-in fever when brain symptoms predominate. Special effect on children and old people.

*Phosphoric Acid.*—As in the case of all acids it is indicated in severe cases, with tendency to typhoid and colliquative conditions. Excessive weakness (greatest with hydrochloric acid); tendency to perspiration (most with phosphoric and sulphuric acid); foul diarrhea and putrid secretions (most with hydrochloric acid); tendency to bleeding (most with sulphuric and nitric acid); tendency to ulcerative processes (most with nitric and hydrochloric acid).

*Rhus Toxicodendron.*—Protracted and remittent fevers, much chilliness; great lassitude; drowsiness, dry brown tongue, three-cornered red point; herpes on upper lip; unbearable pain in limbs, restlessness, must move; worse after midnight. Rheumatic fever, specially when connective tissues are affected. Intermittent fevers, dry cough preceding chill. Special characteristic of rhus fever is tendency to typhoid condition. Every fever, no matter the cause, has the tendency to pass into typhoid condition, with the usual mild delirious symptoms, restlessness, dull frontal headache, characteristic tongue, and involuntary stools.

*Sanguinaria.*—Heat flushes, heat waves; circumscribed redness of cheeks, burning in hands and feet, sharp flying stitches in chest, together with other neuralgic symptoms; tendency to blood-stained rusty sputum; most in right side. Catarrhal fever with acrid nasal dis-

charge, intense dryness and burning in throat and chest, hoarseness in thin irritable persons with weak lungs. Hectic fever with above characters, right-sided pneumonia, intense dyspnoea, lies easiest on the back.

*Silicea.*—Hectic fever. Irritation fever in children (worms, teething). Fever in scrofulous and sensitive children, due to an indefinite cause, specially typical onset; the attack itself has the aconite type. Fever after vaccination. Great general weakness, deficiency of blood-heat, better in warmth and warm clothing, tendency to blood-streaked sputum; constipation. Defecation attempted but ineffectual. Headache and giddiness from nape of neck ascending to vertex.

*Sulphur.*—Protracted fever; aconite has not been able to produce the critical outbreak of sweat; patient depressed; covered with hot perspiration. Heat waves in quick succession. Heat at the vertex; feet burning, desire to place them in cold surroundings. Lying-in fever. Menstruation delayed. Measles, eruption late, dark. Inflammatory fever; inflamed part, throat for instance, dark red. Pneumonia, delayed resolution of hepatized spot. Fever threatens to pass into hectic condition. Fever after vaccination. Poor rachitic children, thin, weakly, nervous, and irritable people, stooping. Dirty, unhealthy skin, formerly suffered with eruptions. Sweat odorous. Faintness at 11 A. M. Edges of mucous membrane specially red.

*Veratrum Viride.*—Sthenic fever; full hard pulse; intense headache, specially in occiput; dry, red streak in middle of tongue. Fever in beginning of pneumonia; irritation fever in children; cerebral symptoms prevail; threatened convulsions.



### CASE OF CHRONIC PYROSIS.

By T. J. BIGGS, M. D.

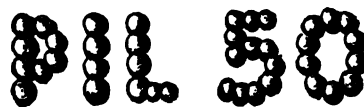
ELLA STERRETT, Long Island City, American, aged thirty; first seen June 10, 1898; suffering from chronic pyrosis, for which she had been under treatment for twenty-four years with only occasional temporary relief from this most painful condition. Almost everything generally known had been done for

her, but without effective result. From the beginning of the complaint in her sixth year, up to the age of twenty-eight, while it was a source of great pain and discomfort, it did not seem greatly to interfere with assimilation and nutrition. But at twenty-nine it took on a more violent form: she became unable to retain anything on her stomach, unless preceded by cocaine combined with some other stomach sedative. Even this was but partially successful, as the stomach would often throw it all off in spite of the medicinal action. After her twenty-ninth year, she began to lose flesh rapidly; so that her weight had already been reduced within the last year from 160 to 83 pounds. When first seen she presented every appearance of malnutrition and debility. Her bowels would sometimes not move for a week, in spite of cathartics and hot water injections.

The patient was now put to bed and given the following treatment: first the stomach was washed out with a weak Thiersch solution, and ten drops of bovine in iced grape juice were given every hour, extending through the night. After twenty-four hours, she said her stomach felt greatly relieved. The bovine was then increased to a teaspoonful in a wineglassful of milk every two hours; the first two doses being thrown off, but the third and subsequent ones were retained, without discomfort. This was continued until the 10th, with steady improvement, when I deemed it wise to suggest an operation for a relief of the constipation, as the bowels refused to respond to any but the most drastic cathartics, and these being weakening and irritating, it seemed not wise to continue them. Patient finally consented to operation, and on the 16th, under chloroform, the rectum and anus were thoroughly stretched and the bowel washed high up with soap-suds and water.

This was followed by a most copious evacuation. She reacted nicely from the anæsthetic, and since then the bowels moved regularly once a day. On the 18th the bovine was increased to a tablespoonful in milk every three hours. To this time, she had lived on nothing but the bovine in milk, and through all she showed perfect nutrition and no loss of strength. After this she was allowed in addition some easily digested food. She increased in weight, and had

no further attacks of the gastric colic. On the 29th the bovine was increased to a wineglassful in milk and grape juice alternately. July 7, 1898, patient was discharged cured, at a weight of 124 pounds; a most remarkable and unparalleled gain of 41 pounds in less than a month.



### *How To Become Old On Oil and Celibacy?*

A writer in *Pacific Health Journal*, says the *Homeopathic Envoy*, on "How to Live a Hundred Years" cites the case of a Captain G. E. D. Diamond, at present 102 years old and still hale and hearty. Among others measures the captain adopts the following:

He is a great advocate of the use of pure olive oil, which he uses moderately but constantly, both externally and internally. This idea, he says, was suggested to him from reading the record of the old Jewish custom of anointing with olive oil, which they produced in great abundance. His morning and evening baths are taken with water at the ordinary temperature, not having been heated. Each bath is followed with vigorous rubbing, and once a day with rubbing with olive oil. Not more than a teaspoonful is used, but it is rubbed in till none remains upon the surface. It is especially applied about the joints. He attributes his restoration of hearing and sight much to the continued anointing with olive oil. Captain Diamond is a perfect sleeper. During childhood he took eight or nine hours sleep, but later in life he needed but five or six hours. Once in bed it is for absolute rest and oblivion to active life. Once awake he is up and about his business. He has always been a single man, but active and energetic in business.

[Think of all the time this Ancient Mariner must have had idle in order to be rubbed in with oil each day. And think of all the good oil that might have been sold and the proceeds given to the poor. No wonder he remained a single man; he couldn't have had any time to spark an apple-cheeked, buxom girl; and if he had, we question whether any self-respecting woman could have married such a crank. More than likely he never learned how to chew and smoke tobacco, drink whisky, or tell a good round-bodied, full-blooded lie. As a boy we were in the hotel line, and used to have to lock up the butter and salad oils to keep our colored waiters from pilfering (*i. e.*, stealing) it and anointing themselves from head to feet. But

we never suspected that they were doing it to become centurions—or centenarians. If we can reach 102 only with oil and celibacy, then give us the scriptural three-score-and ten with our good wife and no oil].



## Correspondence.

LANSING, MICH., October 31, 1899.

AMERICAN HOMEOPATHIST:

In your journal, the AMERICAN HOMEOPATHIST, of October 16 appears an article entitled "Refusing a Homeopath," in which you say, "By way of the *Counselor*, we are informed touching the refusal of the University of Michigan to admit a student to its summer school because he was a homeopath," and that a Michigan correspondent says that "It is an unqualified falsehood or a d—n lie," etc.; "That the student was inefficient, and that it was because of that and no other account that he was refused admission," further that you are assured that "the uncle of the youth will verify this allegation of falsehood and inefficiency." This youth being my own son, and feeling that his honor and my own as well are at stake, I desire to correct the error of your correspondent and state the facts, and allow you and your readers to form their own conclusions. This youth had taken two years at Hahnemann Medical College of Chicago, and had passed all the studies embraced in these two years, including two years' chemistry. The first year in chemistry is devoted to organic, qualitative, and inorganic chemistry, in all of which he devoted the year, passing his examinations and receiving his full credit. The second year's course is devoted to physiological chemistry, in which he also passed with credit and received all his marks. His standings in his examinations were many of them passed with honor, and all of them with good credits.

After his return last summer we thought it would be to his advantage to take a review in physiological chemistry at the summer school at Ann Arbor. This would be simply a review of his work in which he had already obtained credits in the above-named medical college. He therefore entered this course, began his work, and devoted a few days to experimental

work in the laboratory. Nothing was said to him or intimated by anyone but that his work was perfectly satisfactory and done with ease and confidence. No quiz had been given, nor examination of any kind, and his work was successful in every particular. No question of fitness for the work nor hint of inefficiency was ever raised until this article appeared. After a few days' work he was called to the desk of the instructor and asked from what college he had received his credits. He informed him that he received them from Hahnemann Medical College of Chicago, and produced his certificate from that institution. He was informed that his credits were not sufficient and would not be received nor recognized. He informed the instructor that he was not working for hours' credit in the University of Michigan, but was simply there in order to perfect himself more fully in the work that he had already received credit for in the institution at Chicago. To all this his instructor turned a deaf ear, and insisted that he should discontinue the course, which he did.

These plain statements of the facts in this case can easily be corroborated by addressing the above medical college in Chicago and ascertaining his standing in that institution. The further statement that the boy's uncle, Dr. J. C. Nottingham of Bay City, ever assured anyone that "the allegations of inefficiency and falsehood were true," is false, as I have his statement above his own signature, in which he denies ever having made such a statement or ever having even thought so.

President Angel has kindly endeavored to make this matter clear by asking letters from Dr. Novy and Dr. Prescott concerning the rule of requirements of students for this course.

Quoting from Dr. Novy's letter of October 31 in which he says: "During the college year students entering upon laboratory work in physiological chemistry must have taken and completed the course in general chemistry, in qualitative chemistry, and in organic chemistry as given in the medical department of *this university*." Also that "The requirements for the summer school are precisely the same as those exacted during the year."

If this be the rule, and the instructor decides

that the course at Hahnemann Medical College *is not equivalent* to the course here, then he acted as instructed by his superiors and clearly cannot be criticised. I shall be glad to believe that this was the case, rather than to entertain the thought that his motive was an evil one, instigated by a hatred for the school of medicine to which the student belongs.

Yours truly,

D. M. NOTTINGHAM.



### Globules.

Dr. A. W. Bailey of Atlantic City visited our sanctum *en route* for Minneapolis the past month. He is looking well.

Dr. John Deetrick of Youngstown, now father-in-law to President McKinley's nephew, called upon us a few Sundays ago. He is hearty and hale as ever.

When you come to Cleveland next year to the American Institute of Homeopathy, patronize the *Big Four Railway* if it is in your district. This is a first-class line and never fails of giving the fullest satisfaction to its patrons.

The *Teachers' Sanitary Bulletin* for September, 1899, contains an able paper on "Hygiene of the Eyes" by D. A. MacLachlan, M. D., Detroit, member State Board of Health. It is a very capable article, and we have no doubt it was appreciated by the teachers.

The Marion County Homeopathic Society (Indiana) has issued its programme for the winter and spring. It gives the name of the paper and the author for each evening set apart for the meetings of the society. A very clever arrangement. The next paper, on November 30, will be by Dr. Rebecca Rogers George, on "Perineal Lacerations."

Dr. Hamilton F. Biggar's wedding journey was like to have terminated disastrously. Dr. Biggar left New York with his bride on the new steam yacht *Columbia*; they met with tempestuous seas off Cape Hatteras—indeed, it was a hurricane so severe that for a time all expected to go to the bottom of the ocean. The small boats were all crushed, the yacht damaged and compelled to seek safety in

Charleston harbor, where the boat was left for repairs. The party proceeded by rail to Dungene's, Cumberland Island, the Southern home of Mrs. Thos. Carnegie and family. This is a plantation of 16,900 acres and a most charming place. Dr. Biggar and bride will spend a few weeks in this ideal spot and then return to Cleveland.

Dr. E. H. Porter, in his last issue of the *North American Journal*, most cleverly handles the topic of constant changing of the length of the American Institute's sessions. Dr. Porter is in position to know whereof he speaks. There ought to be some limit given to the time that the Institute may have for its sessions.

*Experience*, Vol. 1 and No. 4, a monthly journal devoted to the interests of the general practitioner, not theoretical but practical, is published in St. Louis, with Dr. Clarence Rufus Vogel for editor. We do not know the reason for its existence except as it appears in the title page already quoted. We suspect that it is merely another ad. sheet for some of the numerous patent-medicine corporations in St. Louis. But what we started out to say is that it contains an excellent paper on "An Overcrowded Profession" which ought to be read several times over by every young man who contemplates resigning the carpenter bench or the anvil to become a gentleman and a doctor doing \$150 operations as slick as a whistle.

Recently, in the course of a business trip through the country, we visited "Interpines," the institution founded and presided over by Dr. Frederick W. Seward, at Goshen, N. Y., and were much impressed with the extensive improvements we there saw under process of construction. The prosperity of this institution has been marked and is beyond question, and Dr. Seward is to be congratulated. At the same time, the thought in our mind is that the profession also is to be congratulated that one of its quiet, thoughtful, earnest, and well-qualified men has built up an institution in which the whole homeopathic fraternity may feel a just pride. The location is superb. The accommodations are of a character to meet the requirements of the most fastidious and refined taste; and the services of physicians, seconded by a corps of



thoroughly well trained assistants and nurses, insure all that skill, careful nursing, and agreeable surroundings can contribute toward the restoration of those placed under its care. In the extensive additions to the place Dr. Seward has, he tells us, been his own architect; and certainly a better planned and more attractive private institution cannot be found. The capacity has been increased threefold, and will be ready for occupancy by November 1.

**Dr. J. W. Parker** asks that his address be changed from Battle Creek, Mich., to Chicago Homeopathic College Hospital, Chicago.

Our esteemed friend and fellow-traveler to Europe in 1896, Dr. A. M. Duffield of Huntsville, Ala., has been elected president of the Southern Homeopathic Medical Association. We congratulate both the association and Dr. Duffield.

The N. I. and S. M. Homeopathic Medical Association held an interesting meeting at Elkhart, Ind., on October 17. A reading of the galley-proof sent us by that practical printer, doctor, and secretary, Mumaw, fails to disclose who the president or chair was. Everything else was clear.

**Dr. Laura C. Brickley**, 704 Elm Street, Cincinnati, secretary, sends us a programme of the Cincinnati Lyceum, which meets at the Burnet House during the winter evenings. Drs. Geohegan and Kilgore will hold the boards on December 6, with Auto-intoxication, and Abdominal Palpation in Pregnancy.

The Joint Meeting of the Northwestern Ohio and Miami Valley Homeopathic Medical Societies will be held at Marion, Ohio, Nov. 23, 1899. A fine programme is prepared, to be followed by a banquet at Dr. Sawyer's Sanitarium, with Dr. C. E. Fisher as toastmaster, and, later, an address at the Opera House by Dr. J. D. Buck on "The Ideal of the True Physician."

We learn that "H. D." was not the author of the editorial squib found in the *Medical Visitor* having reference to an accredited sensation in Cleveland because of the dropping of certain professors from the old Cleveland Homeopathic College. For in so far as we have hurt his reputation or impinged his feelings we tender "H. D." our sincere apologies.

The Century Company (*Magazine*) has now entered upon the Life and Works of Oliver Cromwell, which promises to be interesting and exhaustive.

**Dr. William T. Miller** of Cleveland announces that his practice will now be limited to surgical diseases of women and general surgery. He has his office at 122 Euclid.

The Southern Homeopathic Medical Association had its annual meeting at Asheville, and much interest was manifested in the programme. We have not yet heard definitely from either of the secretaries concerning the actual amount of work done.

That must have been a grand occasion which was recently celebrated at Boston when a memorial service was held to the late Dr. I. Tisdale Talbot. The participants in the fitting ceremonies were Drs. Pemberton Dudley, Conrad Wesselhoeft, J. H. McClelland, John H. Coffin, and O. S. Runnels. There was music of an appropriate nature, with prayer by the Rev. William F. Warren. We look forward with eager eyes to the first published account of this grand and imposing ceremony. We too loved friend Talbot, and we love those who have met to do his memory honor. We are glad, thrice so, to note that this was gotten up as a tribute from the best and most representative men of the Institute—that Institute he loved so well.

Not only has the policeman troubles of his own, but even the patient-medicine folks. They are up in arms because the department stores and some drugstores are cutting the regular prices. The Cascarettes man has issued a good pamphlet, in which he elaborates a plan whereby it will be to the manifest financial disadvantage of the cutter to cut his prices. A conversation which he reports to have overheard in a drug-store, where several persons came in and asked for "legitimate" patents, and were made to take substitutes at a cheaper figure, is wonderfully realistic and seems to make a clear case of substitution on the part of the druggist. But think of it, brethren of the medical profession—here we, reputable physicians, are trying to discourage the indiscriminate running after patents of any and all kinds, not only from a financial standpoint, but also because we believe them to do

more harm than good, and yet here is the patent-medicine man who deprecates the use of the substitutes because in the nature of things the substitutes cannot bring about the same good results as the patents for which he is agent. And he seems to believe what he was saying.

**Dr. R. H. Fields**, formerly of Rockford, Ia., has removed to Clarion, Ia.

**According** to Dr. Auber, atropine prevents the ringing in the ears caused by quinine.

**Dr. Grandin** strongly recommends irrigations with salt water in renal insufficiency.

**Cimicifuga** relieves muscular pains, especially of the uterus, and rheumatism of the muscles, muscular soreness.

**The** best disinfectant for a wound from which tetanus may be feared is peroxide of hydrogen, or, better still, Hydrozone, which kills the bacillus.

**Dr. Edward G. Tuttle** of 61 W. 51st Street, New York, announces that he will not assume charge of any new medical patients, being now exclusively devoted to gynecology and surgery.

**Hahnemann College** of Chicago proposes to work up the medical idea in connection with its public addresses. Therefore it has arranged for three presidents of the American Institute to give addresses during the present semester. These three kings are Fisher, Bailey, and Walton. Speed the day of the medical idea!

**Dr. Frederick B. Groesbeck**, now of Buffalo, will be married to Miss Florence Seymour Stone, Wednesday evening, November 15, in the St. John's Episcopal Church, Buffalo. Dr. Groesbeck is one of our private pupils, and went to Buffalo to associate himself with Dr. Dewitt G. Wilcox. We send our heartiest congratulations.

**A reprint** from the *Medical Brief* contains Dr. Wm. Davis Foster's case of Talipes Varus, with complete recovery of the deformity. We note that three of the five pictures given contain the name of the artist in bold letters, which was possibly the only reward the artist-doctor got for his landscapes.

**The** new greenback of the Antikamnia Chemical Company is in purple, and no longer carries our recommendation of its tablets and

powders. (Will the Chicago folks and a few others nearer home please take notice?) The Antikamnia Company has added a new tablet to their list, this one containing a laxative quality. This company always "drinks fair, Betsy"!

**In** toothache, Dr. Foley says, nothing equals the salicylate of soda. Fifteen grains is usually sufficient to give instantaneous relief to the most severe pains.

**It** is now asserted that an exclusive meat diet, often recommended for diabetics, is not infrequently a cause of death through the accumulation in the organism of a larger quantity of ptomaines.

**Announcement** is made of the engagement of Dr. Thos. L. Laughlin, a member of the medical staff at Hahnemann Dispensary, Philadelphia, to Miss Carrie Adelaide Cavanna, daughter of V. L. Cavanna, a wealthy and greatly respected merchant of that city.

**The** fifty-third semi-annual meeting of the Homeopathic Medical Society of Eastern Ohio was held on October 18, in the mayor's courtroom. A number of excellent papers were presented and discussed. One of the chief features of the meeting was the memorial service in honor of good old father R. B. Rush, whom all homeopathic physicians in membership with the American Institute will remember and still love. Tributes of affection were spoken by Drs. Johnson, Biggar, Catlin, Carter, Church, Warren, and Gann. Dr. Biggar, chairman of the committee on Advanced Medical Education and Legislation, made a report which gave evidence of much progress. The ladies of the First M. E. Church had prepared a substantial repast, which was enjoyed.

**The** Winton fountain pen continues to be satisfactory. The gold feed is a wonderfully well-poised and cleverly arranged addition. There being no joint to the barrel no ink can ever soil the fingers of the user. It is a most remarkably clean and comfortable pen to have in your fingers or your pocket.

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#### **The American Homeopathist.**

**ISSUED TWICE A MONTH.** This journal is published for its subscribers only, and has no free list. Sample copies are never sent. Subscriptions are not discontinued until so ordered.

**A. L. CHATTERTON & CO., Publishers.**

# The American Homeopathist.

DECEMBER 1, 1899.

FRANK KRAFT, M.D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



WILLIS H. PROCTOR, M. D.,  
Binghamton, N. Y.

## AN INSOLENT INSURANCE BLANK.

A FEW days ago we had the misfortune of losing an elderly gentleman with Bright's disease. Promptly came an insurance blank, and among a small wagon-load of questions we find the following :

(1) If you were not the usual medical adviser, state who previously attended the deceased . . . and in this case, why were you called to attend in this the last illness of the deceased ?

(2) Duration of last illness, and total number of visits ?

(3) Date of first visit (or prescription) ? Date of last visit (or prescription) ?

(4) Did you attend deceased up to time of death ?

(5) What bearing did any former disease or sickness, habit or ailment have upon his last illness ?

(6) State the remote cause of death, with all predisposing features, with date of first appearance of symptoms ; its history and the symptoms presented during its progress. (If from any cause other than disease, state the medical and other facts in connection therewith).

(7) Is there any hereditary disease in the deceased's family ?

(8) Has the deceased, to your knowledge or information, ever been declined, had his (or her) application reduced or changed, or been allowed to withdraw the same, in any form of insurance organization ?

(9) Did the deceased ever have syphilis ?

(10) Did you ever know or hear of the deceased's being intoxicated ? When ? How often ?

(11) Or of selling liquors or keeping a bar ?

(12) Has the deceased, to your knowledge, or to your information, ever been treated or afflicted with any of the following diseases ? Answer "yes" or "no" after each. Where "yes" state when and where, as near as you remember, and who treated the disease, under remarks.

[Then there follows a list of sixty-three diseases.]

(13) State whether the following relatives of the deceased are living or dead ?

[Then follows a table with places to write in the name and present age and condition of deceased's father, father's father, and father's mother. The same form for the maternal side. Same as to brothers and sisters.]

(14) Have you given above, without evasion or mental reservation or concealment, all the information you possess in regard to the health and habits of the deceased ?

[On the reverse side of this impudent sheet is a printed form of oath that would have staggered the provost marshal during our Civil War for its rigor and explicitness.]

The disposition on our part, upon first reading this blackmail-invitation, was to drop it into our waste basket ; the next, to answer it in our own peculiar way. Eventually the thought prevailed that this was not "our funeral," and in order to do a service to the family we must try "to swallow the fly." But isn't it an outrage that some petty shyster of an attorney, or some three-by-four medical man, can send his police-court questions to honest men, and do so with perfect safety, basing his insolence on the helplessness of the family in the emergency ?

Why should the family medical adviser have an insulting sheet of questions like the above fired at him, as if he were a notorious criminal, a liar, a perjurer *per se*, and altogether unworthy of credence ? What does the medical man get for taking of his time to fill out this life history for an insurance company, who are to him total strangers, and who, likely enough, would not permit him to examine a risk for insurance ?

Take the first question. What business is it of this insurance company to know WHY we were called into the case ? The proper party to ask that question is the family.

The second, third, and fourth questions are plainly designed to show that the profession is given to lying, and in order to head off such propensity the question is repeated in a more offensive form.

The fifth and sixth questions. The space left for answers consists of two lines of writing, showing, therefore, the insincerity of the questions. But what medical man has the time to write out his knowledge and belief touching any case he has handled for a few months ?

The eighth question asks us to go into the private business of the deceased. We are to put ourselves in the place of paid employees of the insurance company, gratuitously stick our nose into the family's affairs, and then betray that confidence to an insolent life-insurance company.

Look at the ninth question and think for a moment how an answer in the affirmative would

involve legally and otherwise the medical adviser. Yet this insufferable blackmailer asks that we smirch this dead man and all his after-coming family. We are asked to do that for a petty life-insurance company which the unwritten law of the land—and now the written law of New York—forbids us to do in open court : betray a man's weaknesses or ailments either before or after his death !

The tenth and eleventh are of this same contemptible nature.

An answer to the twelfth would require about three months' unintermitting toil and penmanship. Indeed, it would require a re-reading of diagnosis and treatment in order not to be tripped up by this Insurance Dictator, who wants to put his dirty fingers into the life and reputation of a man who is now dead and, therefore, no longer able to defend himself.

The thirteenth question is simply nonsense. No physician will go into such extended examination of his families. He would be a fool if he did. It is none of his business and he ought to be severely reprimanded if he did. Let the insurance company hire private detectives and others to do their dirty work for them.

The fourteenth question clearly evidences the intent of the medical or legal scallawag to distrust anything the medical profession may say.

As we said above, the company has the family by the throat. They may dictate terms the most onerous and disgraceful. A man who has lived for years in a respectable neighborhood, who has been God fearing and upright, dies. The insurance company prevails upon his medical adviser by threats and blackmail to narrate the secrets of the grave to them. Then they may offer terms. Refusing to accept which they will drag that unhappy family and the indiscreet family physician into the scandal of a court trial, and thus forever blast the reputation not only of the exemplary citizen who may have been "young" thirty or forty years before, but also of his sons and daughters to the uttermost. Why do we medical men permit this ? Why not refuse to do this dirty work ? The company is entitled only to the legitimate cause for which we were called in. Further than that it has no right to call on us for help. Have we spoken truly ?

## Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M.D., 110 West 12th Street, New York.

References in this department are made by number. See issue of January 1 or December 15 of each year.

### *Hyoscine Hydrobromate.*

Hyoscine hydrobromate has been tried by A. C. Rendle " on a bad case of chorea in a youth of sixteen years. He was thin and anæmic; the temperature was slightly raised; the tongue was dry and coated with a brownish fur; the pulse was weak and the respirations irregular; there were constant involuntary movements and twitchings of all parts of the body. He had sores on various parts of his body, due to injuries inflicted from his involuntary movements. Albumin was present in his urine. Potassium bromide, chloral hydrate, and increasing doses of arsenic gave no relief. He was very restless at night, and morphine eased him slightly. Hyoscine hydrobromate in doses of  $\frac{1}{100}$  of a grain was injected hypodermically twice a day. On the day following the first injection there was marked improvement in the choreal movements. The dose was increased to  $\frac{1}{50}$  of a grain and given three times a day. In a week the movements had almost entirely ceased. The hydrobromate was then discontinued and the arsenic treatment resumed. The patient made an excellent recovery.

### *Ichthyol Externally in Rheumatism.*

Ichthyol has been shown to be an excellent remedy for the external treatment of articular rheumatism, particularly of the chronic form, because of its analgesic and reducing properties. Friedrich Koelbl, " ", reports having treated 117 cases of acute articular rheumatism at the most various stages and with the most satisfactory results. The method of application is as follows:

The ichthyol solution, prepared, for instance, from ichthyol 50 parts, glycerin 20 parts, and water 30 parts, or from ichthyol and water in equal parts, is warmed, and mull or calico bandages impregnated with it. With these prepared bandages the affected joint is lightly bandaged. It is advisable to clean the affected

part with warm water previous to applying the bandage, which should be covered with an impervious fabric to prevent evaporation. The joint so treated is next covered with dry cloths heated to from 40° to 60° C., and these applications renewed every ten minutes at first, and later every half-hour. Instead of the solution, pure ichthyol may be used, or an ointment of equal parts of ichthyol and lanolin, which may be painted on the affected part with a soft brush. After the joint has been treated in the above-described manner for three or four hours, according to the intensity of the affection, the ichthyol bandage is renewed, the hot applications, however, being omitted, and the bandage is permitted to remain for from four to six hours in place. It is then renewed, and the joint cleansed and bound with a soft bandage. As a rule, the pains are considerably reduced even after the first packing, the joints softer and more supple, and their movements freer, not only in parts directly treated, but in all the other joints. Repeated comparative trials have shown that hot packings alone do not effect, even in the slightest degree, the satisfactory result yielded by ichthyol packings. In chronic articular rheumatism the treatment must be carried out for an extended period in order to obtain lasting results. These ichthyol packings fully replace the sulphur and mud baths heretofore recommended. Many invalids, unable to visit any health resort, were cured by these applications every evening on return from their daily occupation. The treatment is also of great benefit in true gout (arthritis deformans).

### *Serpentaria in Rhus Poisoning.*

A recent correspondent says: "Those who have never tried the fluid extract of serpentaria in this disagreeable affliction will find it one of the best remedies at their command. Lint moistened with this drug and laid on the affected part will usually effect a cure in a few applications."

### *Convallaria in Cardiac Hypertrophy with Dilatation.*

Case reported by Halbert. Mr. C., aged twenty-seven, had enteric fever and pneumonia in South Africa about six months ago; since then he has felt weak and exhausted; the body

is cold to the touch and is of a purple color; breathing is difficult; the least excitement causes dyspnoea and gas forms on the stomach after eating; the bowels are constipated and there is pain in the lower portion of the abdomen.

Physical examination revealed a rapid and forcible cardiac action; the force of the apex beat is increased and to left of the normal; there is epigastric pulsation; the pulse is hard, full, and irregular; the area of cardiac dullness is increased both to the right and to the left; no valvular changes are discernible, but the first sound is loud and ringing. From the history of the case and the physical examination we concluded that the right side of the heart was involved. *Convallaria* was given four times a day. After a week the patient reported an improvement; breathing was not so troublesome; coldness of the body had gone; the pulse was more regular and not so full. After two weeks' time the improvement seemed so great and the relief so marked that the patient thought himself well.

*Convallaria* was given in this case on account of irregularity and palpitation of the heart, the marked involvement of the right side, the great dyspnoea and venous stasis.

[To sum up the influences of *convallaria*:

Ellinwood in his new *Materia Medica* says it is used to excellent advantage in the tobacco heart from cigarette smoking; in the bicycle heart from overstrain; in asthmatic breathing from enfeebled heart, especially in chronic asthma. It does not, like *digitalis*, irritate the stomach unpleasantly; on the contrary, it is of much service in that form of dyspepsia in which there is extreme torpor of the stomach, with pale, flabby, mucous membranes of the mouth, broad, thick tongue, with a heavy dirty-white coating. In conditions where the tongue is red, thin, and irritable, with elongated papillæ, redness of the tip and edges, it is contraindicated. It is contraindicated also in fatty degeneration of the heart.]

### ***Arsenicum Alb. and Cholera Infantum.***

T. G. Roberts in *Medical Advance*: Vomiting and purging, with much thirst for cold water, which is immediately vomited. The

thirst cannot be quenched by any amount of water, but the child usually takes only a sip at a time. Vomiting immediately after eating or drinking. Small, watery, offensive stool, smelling like carrion or the discharge from putrid ulcers. Face pale and cadaveric, and the skin dry, harsh, and wrinkled. The skin is hot and clammy at first; later it is cold, and covered with clammy perspiration. Rapid prostration of the vital forces. Great restlessness; pulse quick, feeble, scarcely perceptible; very rapid emaciation; deep rings around the eyes; mouth dry and hot. Twitching of limbs and tonic spasms of fingers and toes, with stupor, and dry, hot skin. Coldness of the extremities. All the symptoms are worse after midnight. There are many symptoms common to both *arsenicum* and *veratrum album*, but many differentiating symptoms are to be found. *Arsenicum* has scanty discharges from the stomach and bowels, while copiousness of the discharges is characteristic of *veratrum*. Another grand characteristic of *veratrum* is cold sweat on the forehead. In *arsenicum* the watery stools are very offensive, while in *veratrum* they are comparatively inodorous. The after-midnight aggravation of *arsenicum* is an important differentiating symptom. The restlessness of *arsenicum* is much greater than that of *veratrum*. In *veratrum* the skin is more clammy than in *arsenicum*. In *arsenicum* motion does not increase nausea as it does in *veratrum*. These two remedies are frequently confounded, but the differentiating symptoms are so clear-cut that no mistakes need be made.

### ***Euphrasia in Prostatic Troubles.***

Ames of Rockland, Ohio, reports a case<sup>14</sup> in which *euphrasia* 3x was given to a man, aged seventy-nine, for lachrymation and sneezing. Later he reported that for a number of years he had been compelled to urinate frequently at night, but that since taking the medicine he had been greatly relieved. While *euphrasia* is not known to be a prostatic remedy, the writer resolved to experiment with it in a similar case, and the results were favorable. Two years later the first case suffered a return of the trouble, and was again promptly relieved by *euphrasia*.

### **SOME THOUGHTS ON THE GENERAL MANAGEMENT AND TREATMENT OF SOUTHERN FEVERS.\***

By CHARLES E. FISHER, M. D., Chicago.

**I**N giving brief consideration to the General Management and Treatment of Southern Fevers it has not been deemed necessary to dwell upon yellow fever, the most malignant of them all, except to offer a prophylactic hint, it being an exotic and having no proper place among the diseases of this country. Its epidemics have always been forced upon us by invasion, either from Cuba, Mexico, or South America. Havana has been our chief danger-point, that city having been for many years, under Spanish régime, a veritable hotbed of pollution. Now that this seaport is in possession of the American government, however, our danger therefrom is being greatly minimized and will shortly be removed altogether, leaving us to Mexico and South America only for a source of supply of the malignant germs of typical yellow jack. And if the danger from Havana be once completely destroyed it will be little short of a national crime if our government ever, under any pretense whatever, turns Cuba back to a Latin control, thus exposing us again to the terrible ravages of the most vicious of all Southern diseases. If for no other reason, and leaving politics altogether out of the question, Cuba should, because it has become a habitat for yellow fever and because of its close proximity to our shores, remain always an American dependency.

There is danger also from Vera Cruz always, and little less from Rio de Janeiro. But because the trade of these cities is largely with New York and other Northern ports, further removed by distance and climate from yellow-fever invasion, the danger from them is nothing like as great as from Cuba. Nevertheless, there is danger, always; and especially in the trade relationships of Southern territory. Galveston, Mobile, New Orleans, and Florida points are constantly exposed. Therefore the United States should exercise the strictest possible supervision over all shipping and other commercial interests, through its consular service,

\* Read before Southern Hom. Med. Association, 1899.

over points in foreign countries known to be the home of this disease and from which it can be imported to us. Safety from yellow fever lies in prevention. Prevention lies in the direction of exclusion. It is the duty of the United States to exclude it absolutely. This may be done by retaining Cuba and Porto Rico and exercising unusually specific supervision over infected ports, adding to this caution the even more necessary one of the instituting of such severely rigid quarantine regulations that no ship shall be allowed to come within a harbor in the United States until such a time-limit shall have passed as shall serve to exclude all possible danger from the shipping-trade.

Given a proper prophylaxis, and yellow fever will never again have to be considered in discussing the fevers of the Southern States.

#### **MODIFIED TYPHOID.**

There is a slow fever seen nowhere outside of Southern territory, in so far as my observation goes, which may correctly be termed a modified type of typhoid fever, which prevails at certain seasons, usually in the summer and early fall, and which causes no little concern and a moderate death-rate, which is worthy of earnest consideration in this connection. This type of fever has in the past been incorrectly designated "typho-malarial." Yet it is not as much an intermingled form of the two diseases as I have observed in the North and West. Clearly it is not an ingrafting of typhoid upon a malarial base nor an ingrafting of malarial fever upon a typhoid foundation. Nothing seems to as well cover this fever, in the way of a name, as the term now used, though it has not been seen applied in literature. Beginning with positive symptoms of remission, perhaps with a slight chill, there is seen a sharp fever, the register showing a range as high as 103° in the early days of the case. There are severe headaches, usually occipital, though it may be temporal or frontal or both, constipation, lassitude, some aching of the limbs, especially of the feet and hands, thirst, hebetude, coated tongue, and other symptoms common to many types of fever. The remissions are so pronounced as to justify an early diagnosis of remittent fever. Especially is this diagnosis

most commonly made if the patient is "bilious" and vomits "green bile," yellow bile, or any other color of bile. For to the people of the South, as to those of other sections also, the vomiting of considerable quantities of gastric juice is confused with the vomiting of bile, pure and simple, and so described. The remittent symptoms prevail from ten days to two weeks, and may even be seen to mark the whole course of the case. But in from eleven to fourteen days, usually, after the initial invasion, this type of fever settles down to a regular run of "slow fever" which is nothing short of a typical case of modified typhoid. The headache is constant, the languor is overwhelming in adults already fatigued when taken ill, the tongue often becomes dry and shows a red tip, there is an ileo-cæcal tenderness, but not crepitus or diarrhea, the patient emaciates, and the course of the case presents all the characteristics of typhoid without the desperateness of true enteric fever.

"Typho-malarial fever" was a misnomer. "Modified typhoid fever" is not. A case is malarial or it is typhoidal. In the fever under description there is not the viciousness of degree of typhoid toxination common to typhoid fever in Northern latitudes. There the rivers freeze, the ground freezes, the atmosphere freezes, and even the sentiments of the people are of icy coldness in comparison with those of Southern people. Germs of disease are carried through the winter by the preservative processes of nature, and when turned loose by the thaws of spring and summer pollute the water-supply of cities, towns, and homes, with the result that later in the year, after the summer's evaporation, so that the poison is not so diluted, typhoid fever is seen to prevail. In the South a typical case of typhoid fever means, always, a direct local cause. The very openness of the climate, the lack of hard winters, and the more open methods of the people in their homes—that is, the lesser degree of concentration and close-housing—largely remove the danger of malignant typhoid. Yet typhoid fever is seen wherever human beings live, and it is seen in the South. But its type is modified in most instances, and being modified the disease is more or less impressed by the malarial influences surrounding, or, rather, the patient is so in-

fluenced, the result being that as most commonly met with pure typhoid is seldom observed, mixed types prevail, and modification occurs from climatic causes and less violent toxination. The continued fevers of Southern latitudes, the "slow fever" of the people, are naught less, in my estimation, than modified typhoid, and should always be treated as such.

Should not the diagnosis be made clear in these cases by means of urine analysis, the microscope, and bacterial culture? Yes, if possible! But it has not yet been found practical to differentially diagnose the purest types of typhoid fever by these means in many cases, hence it is not likely that they will settle the problem always in modified typhoid. Nothing so fully determines the diagnosis in bedside work as clinical observation, though it should always be supplemented by proven laboratory methods.

Especially harmful, even criminal, is the effort to diagnose any type of fever, as frequently done in the South,—and elsewhere,—by the use of drugs. It is a common practice among many physicians, even among some claiming to be homeopaths, to give quinine in the early stages of fever with a view to determine their character by its effect. If the case be malarial it is expected that quinine will "break" it. If quinine does not break it it is not malarial, but typhoid instead. Meanwhile the quinine has complicated the case even if malarial, and if typhoid has enhanced the danger, masked its symptomatology, made more certain brain and nerve complications, and otherwise done the patient real damage. The physician who can diagnose his cases only by the use of drugs has no place in the medical profession.

He ought to be a farmer  
And with the farmers stand,  
A slouched hat on his head,  
A plowshare in his hand.

During the earlier days of the course of modified typhoid the symptoms may so clearly point to remittent fever that a purely malarial treatment may seem justified. But here the homeopath who is a homeopath has the advantage of the one who is not. The remedies of the latter will surely do harm. Those of the former will not. The correct homeopathic prescription is always in order, no matter what:



the name of the disease. And the more carefully the simillimum is selected, the closer the treatment is kept to the shore line, the less of alternation is practiced, and the less frequently the dose is repeated, the more certainly will these cases recover satisfactorily. The chief point to bear in mind is to treat the patient and his symptomatology, and not the supposed disease by name. This done, and drug complications which will certainly prove confusing and annoying as the case progresses will be obviated. This not done, and a tedious case may be expected, an inglorious treatment will be practiced, and a retarded convalescence may be expected.

Without exception, in all cases of fever during the summer and fall, and even during the more open winters, occurring in the South, which are not clearly cases of ague, a diagnosis between remittent fever and modified typhoid should be withheld during the first days of the disease. Treatment should be governed accordingly, that no harm shall be done, and the diet, bathing, and regimen of the patient should always be directed as if it were expected that the case will be one of unquestioned typhoid in character.

If I have been dogmatic in any of the suggestions outlined it is because I have learned and learned over that it is better to err on the safe side—pure remittent fever being rarely seen these days, whereas modified typhoid has been a common ailment during my experience in Arkansas, as it was during my practice in Texas.



### HYGIENE OF CHILDHOOD.\*

By ORPHA D. BRUCE, M. D., Tampa, Fla.

**T**HERE is no subject of more vital importance to us and to the people of this city than that of the hygiene of childhood.

Perhaps this statement would not be readily accepted by the general public, but surely every physician, and every thoughtful sanitarian will readily concede that I am not overestimating the importance of this question.

Sanitarians admit that nearly every child born into the world can be reared to years of man-

hood or womanhood, yet the fact is that from one-fourth to one-fifth of all the children born die before reaching ten years of age. Some authorities put it even higher. They say that fifty per cent. die before reaching the sixth year. What a murder of innocents! And in a civilized country! Thoughtful sanitarians pause to ask "Why is this?"

Candor forces us to admit that it is mainly on account of ignorance and indifference on the part of the parents. These unfortunate children are born of parents who have violated every law which governs their physical existence. Too often they come into homes where no welcome awaits them. They are not properly fed, nor clothed. They do not receive a sufficient quantity of water, perhaps none at all. They have too little sleep, an insufficient amount of fresh air, and are not kept clean. Is it any wonder, then, that they early succumb to these baneful influences? These facts point out the great need of educating the masses on all matters relating to the prevention of disease and the preservation of health.

If the statements regarding infant mortality are correct, it is not the children of the poor and uneducated alone that succumb, but those whose parents are not only well-educated but have sufficient of "the root of all evil" to supply everything necessary to rear healthful, happy children whose souls and bodies will be sufficiently attuned to the needs of each other that they develop into men and women abundantly able to exert a mighty influence for good.

There was a time when doctors alone were expected to know anything about sanitation. Against their own interest in the matter of dollars and cents, they have worked hard to develop and spread abroad the knowledge of the laws of health and the prevention of disease. We are awakening to a realizing sense of our duty in saving life. Sanitary Science is born—the noblest daughter of the Nineteenth Century—and she is patiently laboring to save the human race from premature death. Already she has done a great work, and yet she is but just begun. We are beginning to realize that a knowledge of sanitary science is not only of prime importance, but an absolute necessity, if we would save the helpless little children and

\* Read before Southern Hom. Med. Association, 1899.

prevent the heartaches in hundreds and hundreds of homes.

While studying up this subject I searched the record of deaths in Portland, Ore., for the year ending April 1, 1892. I was not only pleased but surprised at the low death-rate of children between the ages of one and ten years. The greatest mortality occurred during the first week of life. The least, between one and two years. The deaths during the first year were more than twice as many as during the next nine years; and if the stillborn infants and those living less than one day be added, this number would be nearly three times as great.

How shall we account for the great mortality of early infant life? By climatic influences alone? We think not.

Among the antenatal causes may be mentioned scrofulosis, tuberculosis, debility from overwork, underfeeding, nervousness and alcoholism; while bad air, improper food, sudden changes of temperature, an insufficient amount of water, and too frequent feeding may be mentioned as the postnatal causes.

Probably ignorance on the part of the nurse, combined with stupidity and obstinacy, may have considerable to do with this "slaughter of the innocents." My experience has been that the first summer is far more fatal than the second, and yet the mothers have a great dread of the second summer. When I think of the shocks to which babies are daily subjected by someone's heedlessness, I often wonder that any survive to struggle with the trials of a second summer. Children born in the spring are more apt to have a hard second summer, because they have not reached the critical teething period until the hot weather is almost or quite gone; but their second summer comes in the midst of teething and when they are being subjected to a change of food. How shall we prevent or lessen these trials?

Just here I am deeply impressed with the difficulty of my subject. To give information to this body of educated and intelligent physicians, how nature is to be assisted in the development of the robust children who undergo with equanimity the changes incident not only to dentition, but to the entire period of development, seems a work of supererogation. And yet

many parents, who are among the clients of equally intelligent physicians, do not know what should or should not be done for their children—we believe that someone needs to be awakened to their duty. Hygienic measures should begin at birth and must be continued with never-failing care until the eruption of the teeth is complete.

We hear a great deal about the "forcing process" in school, while the fact is this is begun at home and usually by the proud father or fond mother. The baby is bright and active, so they teach him cunning little tricks and urge him to exhibit them day after day whenever they have callers until the little one is thoroughly worn out. If baby happens to choose not to display his newly acquired knowledge, he is often threatened with some kind of punishment. Parents should be taught the wickedness of such a course. The greater the nervous development of the child, the greater the danger from this forcing process. If parents could be made to realize the necessity of letting baby develop at his own pace, and the downright sinfulness of allowing the entire family as well as the other relatives to urge the mental powers in every way possible, much would be gained. Grown people know that pure air is necessary to their well-being, but they act as though the babies would thrive best on air which is thoroughly impregnated with carbonic acid gas and countless other impurities. We seldom find the nursery of the proper temperature for the frail babies. The parents seem to feel that they cannot properly show their thoughtful care of their children in a better way than keeping the room from five to twenty degrees too warm.

During the very warm days every little one should be given as much cool, pure air as possible. Take them into the open air in the early morning and the late afternoon, but not in the dampness of the evening. Many a night I have noticed the really frail children out until eight, nine, and ten o'clock. They were probably swathed in flannels from neck to toes, but on the head was a lace cap affording next to no protection. It is only a "survival of the fittest" when infants go through such a process unharmed.

I wish that some sanitarian would invent a

method to make parents understand the necessity of giving their helpless little children the requisite amount of cold water. This little want often goes unsupplied, and harm results. I often think of my first case of cholera infantum. The child was six months old. It was an idolized only child and had quite as intelligent a mother as the average baby can lay claim to. In ascertaining what she had been doing for the child's comfort, I asked when it had had any water. She replied rather timidly, "Not to-day." Supposing that it had refused water because it was so ill, I said, "When did it refuse to drink?" She replied, "It didn't refuse." Then I queried, "Haven't you ever given it any water?" In a surprised and injured tone, she replied, "Why, no; I didn't know that babies needed any water."

The desire for water, one of the great needs of the system, is too often overlooked, and every cry of the little one is interpreted as a request for food. This leads to too frequent feeding, so that the stomach is given no time for rest. It often requires a great amount of tact to break up this injurious practice. If they can and will understand why twenty or thirty meals in twenty-four hours are injurious, explain to them. If not, insist on a reformation without an explanation.

If the baby grows thin instead of plump, gets pale, listless, and weak, and is constantly drooling, an investigation must be made immediately. It may be necessary to change the food, but sometimes it is only necessary to give the proper remedy to correct the disturbed digestive organs. A slow development of the teeth ought to warn us that nutrition is at fault somewhere, notwithstanding the fact that the child seems plump and bright. Recently I was consulted regarding a child that was fifteen months old and had only two teeth, and was quite ill for weeks before they were sufficiently developed to be seen. I gave our famous calc. carb. 3x every four hours and told the mother to let me know the result. In a short time she wrote that two more teeth had made their appearance without the least discomfort to the child. A still later report confirmed the value of this remedy in such cases.

There can be no specific prophylaxis against the diseases of infancy, it must come through

minute attention to the daily care of the child. People must be taught; and we, their teachers, must realize the importance of teaching them. "Line upon line and precept upon precept" must be our course. A physician recently said, "What is the use in my telling that mother what to do? she will forget, just as hundreds of others have done!" But suppose she does forget. Does that excuse us from doing our whole duty by the little sufferer?

As physicians we must do our duty, our whole duty, and nothing but our duty, and leave the results with the Great Physician.



### SOME OF OUR HOMEOPATHIC A'S.

By E. FORNIAŠ, M. D., Philadelphia.

Give the asthma of arsenicum.

Catarrhal asthma better from expectoration of phlegm. Must incline chest forward; must spring out of bed at night from want of breath. Great dyspnoea and anxiety. Oppression worse in stormy weather and heavy air, walking fast or ascending, but especially from changes of warmth and cold. Asthma associated with dropsy of nervous origin.

Give the mental state of arsenic.

Anxious, restless dread of death. Anguish and despair. Sad, tearful, anxious mood (puls.). Pains are unbearable, make him furious. Burning all over. (Dialyzed iron with salt a toxic antidote. Also hydrated peroxide of iron *ad lib.*)

Give the fevers of arsenic.

1. Intermittent. Not well defined stages. Chill and heat occur either simultaneously or in alternation. Chill without thirst, followed by heat with much thirst and no sweat. Sweat comes later. Blue nails and lips during chill. Drinks often, but little at a time. After abuse of quinine. 2. Typhoid. Rapid sinking of forces, much heat with small, feeble, and frequent pulse. Mouth dry and painful. Blood from bowels dark, offensive, etc., ataxo-dynamic type of fever (phos.).

Give the gastric symptoms of arsenic.

Intense burning in stomach and abdomen.

Thirst for small and repeated quantities of water. Food and drink rejected as soon as taken. Diarrhea black, acrid, excoriates the anus; and slimy, watery, bloody, followed by great prostration. Worse after midnight or rising A. M. Cold water chills the stomach and brings on diarrhea.

When is aloes indicated in dysentery?

When the stool consists of bloody water, or of blood and mucus coming out in jelly-like masses. † Before stool, griping pain in hypogastrium (nux). After stool prostration, fainting, profuse clammy sweat, and protruding piles. During stool violent tenesmus with discharge of much flatus. The griping may or may not cease after stool. Great rumbling in the bowels is an additional indication for aloes.

Give the leucorrhœa of aloes.

Leucorrhœa of mucus and blood with prolapsus uteri and much backache, especially if preceded by colic.

Give the diarrhea of aloes.

The patient dreads the emission of flatus or to pass water, lest the least exertion should also move the bowels. The stools are lumpy, watery, or bright yellow, bilious; often scanty and easy and even urgent but ineffectual, with escape of much flatus. They occur early in the morning, driving out of bed (sulph.) The stools of aloes are always attended by an immense expulsion of flatus and by a sense of insecurity of the sphincter ani, as if the stools could not be retained a second.

Give the indications for aloes in dyspepsia.

Flatulent distention and painful aching in region of stomach, with acrid, rancid eructations; sluggish digestion; abdominal plethora, constipation, and hemorrhoids. Passage of much hot, offensive flatus, which relieves pain in abdomen.

Give an acid patient.

Great debility; tongue red and eroded, or smooth and pale. Aphthous sore mouth; mucous membranes pale; sweats very easily. Child smells sourish, even if washed or bathed every day. Abdomen distended by gases. Stools thin, sour, fermented, green, reddening the anus.

Give the action of the acids.

They stimulate the salivary, but check the gastric secretion. Mineral acids cause irritable weakness and a small, hard pulse. Vegetable acids simply produce weakness and a small, weak pulse.

Give the indications for acetic acid in lactation.

If the milk is poor, bluish transparent, of strong sour taste and odor; deficient in casein and fat, and, in consequence, sucklings droop, lose flesh, and atrophy.

Give indications for acetic acid in phthisis.

Hectic with hoarseness; cough; dyspnoea; night sweats; hemorrhages; liquid or undigested diarrhea; vomiting after each meal; great thirst; swelling of the legs and feet and general emaciation. Laryngeal irritation. Great debility.

Give the indications for acetic acid in dropsy.

Dropsy of abdomen and legs; general anasarca; intense thirst (apis has no thirst); pale, waxen skin. Ascitis with violent orthopnoea (ars.). Predominance of gastric symptoms, such as belching, water brash, and diarrhea.

Give indications for abies nigra in dyspepsia.

Sensation of an undigested hard-boiled egg in stomach (nux vomica has pressure as from a stone after meals). Continual distressing constriction just above pit of stomach, as if everything was knotted up, or as if a hard lump of indigested food remained there. Low spirited. Total loss of appetite in the morning, craving for food at noon, and exceedingly hungry and wakeful at night.

Give dropsy of apocynum can.

Ascitis, anasarca, and hydrothorax, non-organic in origin. Excretions diminished, especially urine, scanty stools. Gone, sinking sensation (in epigastrium) in pit of stomach. Abdomen distended and painful. Oppression in epigastrium and chest. Great thirst (apis has no thirst), but water causes pain or is vomited. Low-spirited and nervous. Cardiac dropsies from fatty heart in old persons. After abuse of quinine.

Give the chlorosis of alumina.

At puberty, in scrawny, slender girls who are always chilly (puls.) and crave chalk; with

scanty pale menses (graph.); exhausted after menses (china). Anæmia, with profuse, leucorrhœa; hysterical jerks and spasmodical laughter; anxiety; faint and tired; must sit down; impelled to suicide (aur.), low-spirited on awaking, when she sees a knife or blood. Dryness and harshness of the skin, with absence of perspiration.

Give locomotor ataxia of alumina.

Unable to walk in the dark or with eyes closed (arg. nit.); staggers, can scarcely drag limbs; they are too heavy. Tired and weary. Painful soreness in soles of feet on stepping. Feels as if walking on velvet. Gnawing pain in the back, or as if a hot iron were thrust down the spine. Nates go to sleep when walking. Weak bladder; fears to wet bed. Urine voided while straining at stool. Rectum inactive, as if paralyzed.



#### PRELIMINARY MEDICAL REQUIREMENTS.

THE Cleveland *Journal of Medicine* for August, 1899, presents a copy of a Minimum Standard for Admission to Medical Colleges, being a report and recommendations made by the Committee of the National Confederation of State Medical Examining and Licensing Boards, and of which committee Dr. N. R. Coleman of Columbus was chairman.

Briefly stated the following are the minimum requirements: "Any college to be considered in good standing must demand as a minimum entrance requirement that the applicant possess a high-school diploma or certificate issued after a four-years' course of study, or attains a satisfactory grade (seventy-five per cent.) upon examination in the following branches, to wit: Orthography, English grammar, English composition, geography, rhetoric, Latin, arithmetic, algebra, geometry, physics, botany, zoölogy, and United States history. Such examination to be conducted under the direction of the State board having such authority, by certified examiners, none of whom shall be directly or indirectly connected with a medical college. [In lieu of the foregoing] medical colleges may accept a diploma from a reputable college granting the degree of A. B., B. S., or equiva-

lent degree; a diploma from a normal school or seminary, legally constituted, issued after four years of study; an official certificate of a reputable literary or scientific school, setting forth that the holder has satisfactorily pursued the studies indicated in the foregoing examination; a teacher's permanent or life certificate; a medical student's certificate of examination for admission to the freshman class of a reputable literary or scientific college."

All this to go into effect July 1, 1903.

This will be a severe test of the matriculant in medicine. Whether it will accomplish that which these gentlemen so earnestly seek—the upbuilding and purification of the coming profession—or whether it will result in the devising of new schemes for fraudulent examination and the like in order to circumvent the true intent of the law, remains to be seen. The time set for its possible operation is far enough ahead to give the profession time sufficient to think about it. But it is manifest that some power outside of the commercially conducted colleges must take this matter in hand if it be desired to elevate the standard. That we go, or are willing to go, the full length of the committee's recommendation, we do not care to say. We know that many a poor scholar at school can make a good business and professional man. It is to be said, however, that while the rigid application of this rule might keep out naturally gifted but non-educated men, it will certainly insure a greater degree of learning and power in those who are naturally gifted and yet find their ways into a modern medical school.



#### PROPOSED OHIO MEDICAL LEGISLATION.

DR. TUCKERMAN of the Cleveland *Medical Gazette* prints the new medical bill to be submitted to the incoming Legislature. The principal point in this consists in doing away with the diploma as sufficient evidence of an applicant's ability to practice medicine, and requiring everybody coming to Ohio after July, 1900, to stand an examination. And even such examination cannot be entered upon unless the applicant can comply with certain rules and regulations of the Examining Board touching his graduation or his license to practice elsewhere.

This is a far step in advance of the present requirements. Whether the Legislature will see its way to barring out everybody except the few who may be able to pass under the wire is to be seen. That it would work to the good of the local profession goes without saying. They do not have to stand examination. We will reserve more detailed comment upon this proposed measure until it is actually put in line for passage. Meantime we deprecate the fact that nothing can be done to root out this hellish evil of advertising doctors, the three-day-gentry, and the incorporated scamps who ruin our youth and then blackmail them for years afterward. When that man rises from the masses who will devise some means by which restrictive legislation will bear less hard upon legitimate practitioners and tend to crush out the hydra-headed scoundrelism which debases our civilization and debauches our morning papers, we will join in pæans of praise. But all legislation looks merely to the hardening of the lines along which the genuine and honest practitioner is walking and laboring; while it seems absolutely impossible to touch the others. There are doctors in Ohio, as there are in New York and elsewhere, who are scamps of the first magnitude. They are so known to the profession. But who will go out of his way to become a thief-taker? Who cares to figure in a scandal as a chief witness? So they flourish and thrive and continue members of our guild.

#### WHY WE LAUGH.

AMONG other amusing things in our contemporary journals we note the difficulty of the judges of that homeopathic baby show in Chicago. Well, before they are well out of that mire of deciding which is the handsomest and best homeopathic paper presented to our enterprising brother of the *Visitor*, they will be glad they continue to live. And after that, what? Wait till the professors and editors begin to read and dissect the definitions of homeopathy which the prizes called for!! Yes? It will be more tolerable in Syre and Tidon for those poor judges and the contestants in that judgment day than in and about Chicago.

The second funny thing is the happy, well-

written, truthful editorial in the *Visitor* for the Antikamnia Chemical Co. But we hasten to stop the press to say that this is not one of the prize papers in the homeopathy contest now going on. And if the pushing editor and recording secretary of the American Institute isn't awfully careful when he comes up for re-election in Washington he may find this fine editorial recommending Antikamnia staring him in the face and whacking him in the neck, in proof of his utter incompetency to fill the Institute office. For, of course, everything appearing in an editor's journal is written by the editor; therefore it represents his private opinion, and is proof positive that the editor is a hypocrite, a man with a feeble parish practice, a homeopathic college vandal, a poor teacher of materia medica, and the cause of sixteen otherwise exceptionally fine medical graduates leaving the homeopathic school and publicly adopting the old-school ways and means. We are at the bat now! Play ball!!!

#### TWO NEW TABLETS.

THE Antikamnia Chemical Company has prepared two new tablets which will take their place with the other popular products of this popular firm. These new tablets are the Antikamnia Laxative Tablets, and the Antikamnia and Quinine and Laxative Tablets. This firm, now so many years before the medical profession, and the pioneers in the anti-pain products so many times copied by other would-be rivals, has never for a moment lost its hold on the good opinion of the profession. We have never heard of an instance where they have been charged with fraud or duplicity. Their products are *AI*, and may be depended upon.

#### Correspondence.

##### *The Restoration of Hahnemann's Tomb.*

*Editor AMERICAN HOMEOPATHIST:*

The total amount of contributions received by Dr. Cartier for the restoration of Hahnemann's tomb in Paris is 17,424.40 francs.

The design adopted was that of Lardot, and,

according to Dr. Cartier's description in the October number of the *Revue Homœopathique*, is as follows: "The monument is composed of a central piece and two lower sides. In the center is a pedestal, ornamented with carvings and bronze garlands, which supports Hahnemann's bust; back of the pedestal a large stela (arch) surmounted by carved emblems, and of 3 m. 80 in height; on the body of the stela is Hahnemann's epitaph; at the foot of the pedestal is read 'International Subscriptions.' On the sides are engraved—on the left, the works of Hahnemann; on the right, his sentiments. The side of the base, on which is engraved the works and sentiments, is further ornamented with palm leaves, consols, and plaques in relief, for engraving letters. In front of the monument are double perpend stones moulded to hold a railing in antique green bronze, Greek style.

"The monument will be of Scotch red granite from Peterhead, of imperishable polish, except the sub-base, which will be of Normandy granite, probably Vire.

"In the agreement with the house of Lardot, the monument must be finished for the International Congress of 1900, which will be held at the Exposition from the 18th to the 21st of July.

"Subscriptions will be received until the 31st of December, 1899, as certain parts of the tomb can be much more richly ornamented."

Those who desire to contribute have therefore the privilege of sending in amounts up to the 1st of January, 1900.

The fund in hand covers the contract already made for the restoration, but some further ornamentation should be added to the monument, and any additional subscriptions will be used for this purpose.

The French Society is pleased that the American physicians have taken so much interest in this restoration of Hahnemann's tomb, especially in view of the grand monument which is contemplated being placed in Washington.

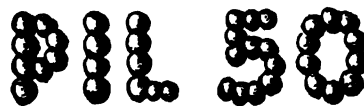
As the American member of the Commission, I desire to thank the physicians of our country for the deep interest which they have manifested in this measure.

The monument will be dedicated during the

International Congress to be held in Paris in July, 1900.

BUSHROD W. JAMES, M. D.

PHILADELPHIA, Pa.



### *Anatomy vs. The Highly Ornamental Branches.*

A student during the first and second years of his college life attends the anatomical lectures of his university, works at his dissections, performs his cadaveric operations, is examined at the end of his second year, and practically has completed his anatomical studies. Anatomy is erased from his slate. From the arrangement of the curriculum no other course is left to him. The grand and glorious study must be cast aside in order that he may adequately prepare himself for examination in other newer and far less practical departments. Not being aware of the immense importance of the subject, the student is glad that so dry a study is "docked," and with a very superficial knowledge of it he is hurried on to so-called higher branches. At his senior year he is often actually ignorant of that elementary knowledge of anatomy that he acquired during his freshman course. I know this to be a fact, not from hearsay, but from personal observation. The senior medical student of to-day can tell you the peculiarities of the staphylococcus pyogenes aureus, its coloring matter, its diameter, and its links, but has forgotten the branches of the common carotid and the courses of the trigeminus. . .

With the exception of urinalysis, the examination of milk, and the practical points of toxicology, most of the so-called laboratory work which is now considered so essential, and which occupies so much of the time of the medical student, is absolutely of no practical value to the general practitioner of medicine and surgery, and is forgotten five years after his graduation. Judging from my own experience and that of my friends, it seems to me that it is rather more important that the medical man understand the use of the stomach pump and the administration of antidotes, than to be versed in all the minute details of toxicology; that he should study the *clinical* features of tumor diagnosis, that he may be able to make a prognosis *before* an operation or the death of a patient; that he be made fully to appreciate the methods of asepsis without puzzling his brain as to the culture, shapes, and diameters of

each colony of bacilli, because in these days of ultra specialism, such knowledge is possessed by skilled men in almost every city and town, who devote their entire time to and are possessed of appropriate apparatus for the unraveling of such mysteries, and whose peculiar mental bias leads them into the alluring fields of chemistry, microscopy, and toxicology. . .

The sciences of the microscope of one decade may not be those of the next. An atom of new substance dropped into an old compound, the elements of which were supposed to be well understood, may so alter its chemical composition that all previous knowledge concerning it may prove to be erroneous. I am not attempting to discourage the study of chemistry, microscopy, histology, or bacteriology, but am making a direct and decided protest of giving undue prominence to subjects that are, in the main, of comparatively little use to the physician in curing the sick, at the expense of those absolutely necessary studies, proficiency in which is essential, not only to the success and reputation of the physician, but to the welfare of humanity itself.—*Wm. Tod Helmuth, M. D., copied in the Eclectic Med. Journal.*

[Dr. Helmuth also says in this (full) article that homeopathic materia medica cannot be fully understood without a knowledge of anatomy. He is as right in that regard as he is in all he has said about anatomy. The uncertainty, the shiftiness of chemistry, of bacteriology, of microscopical research is so very apparent, that the colleges ought, as by first intention, to appreciate the difficulty. It adds much renown to a college of medicine of to-day to have a specialist for every known fad of the hour. But it is an injustice to the student, as Professor Helmuth has pointed out; these shifty, brilliant, laboratory exercises cut but little figure in a practical man's professional life: while anatomy and materia medica are the doctor's right and left-hand supporters from the moment he leaves his *alma mater*. Recurring to that iridescent but now fast-fading fad, bacteriology, after reading what has been said about Koch's failure, the failure of the Klebs-Loeffer bacillus, of the Hamburg cholera experiments, and latterly that masterful paper by Dr. Dudgeon of London, it must be plain, or will be very soon, that scripping on anatomy and materia medica in order to give more microscope and bugteriology is a costly mistake, and one which should be soon corrected.]

### *No Fear of Death.*

"I have seen thousands of persons die under all sorts of circumstances, and never yet have I seen one display the slightest fear of death." This remarkable statement was made by a physician who has practiced many years in Philadelphia, and who has seen a great deal of hospital service. "It is a popular fallacy," he went on, "to imagine that a deathbed scene is ever terrible, other than as a parting between loved ones. The fear of the unknown is never present at the last."—*Phila. Record.*

[This is a plain statement: but is it a fact? Looking back at our non-personal experience in this matter we do not recall any instance where the dying one seemed in any trouble concerning the future—except possibly among Catholics; and here we believe the ceremony invoked had much to do with the fear. But ordinarily death and dissolution seemed to be welcome or indifferent.]

### *Globules.*

In a recent issue of the AMERICAN HOMEOPATHIST we tried to be funny at the expense of the ministerial and medical professions, using Admiral Dewey as our lay figure. We attempted in our awkward Western and ungrammatical way to show that Dewey wasn't up to date in that he hadn't had anything to do with the preachers, who are so prominent a figure in all medical entertainments and other public occasions, in the way of delivering his addresses and the like. But alas, he, too, this Dewey, has fallen prostrate before this awful power in things mundane, so that our sarcasm recoils upon our own head. For the morning papers tell us that he, of his own free will,—let us hope that it was so, at least,—hied him to a Catholic priest—the ministerial profession, as is observed—and had himself married to a charming woman. So even Dewey, the peerless, couldn't quite get through with his triumph without appeal to the ministers. Well, good luck go with him just the same!

The Constitution and By-Laws of the Surgical and Gynecological Association of the American Institute of Homeopathy formed this past



meeting at Atlantic City is before us in a leaflet which contains its constitution and by-laws and tells its purpose and object. The prerequisites are that the applicant shall be a member in good standing of the American Institute; that he shall have made a special study of surgery or gynecology; and that he shall pay annual dues of five dollars. Already a large and constantly augmenting roster is enrolled. Dr. W. B. Van Lennep of Philadelphia is president, and Dr. Geo. W. Roberts of New York, secretary. Make all applications through the secretary at The Strathmore, New York City.

We have received in reprint from the *Hahnemannian Monthly* two papers by Dr. Gustave A. Van Lennep of Philadelphia entitled: "Is the Break in the Radius the only Bone Lesion in Colles' Fracture?" and "Flatfoot." Also a fine paper by Dr. William B. Van Lennep of Philadelphia entitled: "A Contribution to the Surgery of the Gall-Bladder and Bile-Ducts." These are all fine papers and were read before the various homeopathic societies with which these gentlemen are connected.

"**Neurasthenia**" is the reprint of a paper published by the *Medical Century* (with credit to the Columbus Homeopathic Medical Society) prepared and read by Sara E. Fletcher of Columbus, Ohio. A cursory reading of this paper conveys the impression that it is the product of much study and research. But we miss sadly any clear statement of what to give, homeopathically, for this very prevalent disease or disorder or neurosis. A homeopath should not be content when preparing and reading a therapeutic paper—for there has not, up to this date, been discovered any way in which the neurasthenic may be safely operated upon, either with or without technique—to conclude such paper, filled with accurate knowledge and historical facts, by saying: "There are many remedies which are useful. Among them are strychnia phos., ferrum phos., and kali phos. Mag. phos. acts well where there are neuralgic pains. A few doses of calcarea phos., thrown in occasionally," and so forth, is not very definite in its directions for someone else to treat neurasthenics. We are not criticising Dr. Fletcher's ability to write a paper or to cure the disease.

We simply plead for more information so that those who read the paper may also do the same good work which Dr. Fletcher has done.

**Dr. Elmer J. Bissell** of Rochester, N. Y., has upon our review table his Annual Address as President of the American Homeopathic Ophthalmological, Otological, and Laryngological Society delivered at Atlantic City at its Twelfth Annual Session this year. The subject of the Address is "Our Specialties as Related to Mental Development and Modern Educational Methods." The recommendation of the committee appointed to consider this address made a special recommendation that this scholarly paper should be put in such form that it might be widely disseminated.

**Dr. A. M. Duffield** of Huntsville, Ala., has been elected the new president of the Southern Homeopathic Medical Association. He is a very popular physician and well-trained officer.

The last issue of the *Clinical Reporter* of St. Louis gives an excellent portrait of Dr. Moses S. Runnels of Kansas City. Age seems to pass him by. He's younger than ever. Well, lookin' at you!

The Century Co. (Magazine) is in the field with a new and superbly illustrated life of Cromwell by the Right Hon. John Morley, M. P., which, from its initial chapter, promises to be a fine addition to the literary and historical field. Dr. S. Weir Mitchell furnishes a new story, entitled "The Autobiography of a Quack," which will certainly be an interesting serial.

The St. Nicholas League, being a society formed of readers and lovers of *St. Nicholas*, is attracting a great army of young people, who are sending for the league button and preparing themselves to contest for some of the many prizes offered. This magazine is one of the best in the market for the young and those still younger.

If you are contemplating a visit to Cleveland, either at once or with the Institute, you will find an excellent hotel, perfectly new, clean, tasty, and beautiful, in the new Colonial Hotel, right in the heart of the city. It is under excellent management, and will be the abiding-place of most of the Institute's officials next

year. Send a card to the manager as soon as possible and provide yourself with a good room.

We will pay fifty cents for an unmutated copy of our journal of date August 1, 1897. Address first the publishers or this editor.

Dr. O. L. Garlinghouse, graduate of Hering Medical College and Hospital, has located at Iola, Kan., and a notice in a local paper speaks most highly of his success and accomplishments.

The *Hahnemannian Institute*, under the editorship of Geo. M. De Witt, appears upon our table bright and crisp and interesting. It is the Hahnemann College (Philadelphia) paper, and a rattling good paper it is, too, by the way.

Be sure and think kindly of the Big Four railway when you are getting ready to visit Cleveland next year to attend the American Institute of Homeopathy meeting. It is a first-class railway, with good service, good time, and good rates.

The Cleveland Homeopathic Medical Society had an interesting meeting on November 15, with several excellent papers, one by Dr. L. W. Sapp on "The Diagnosis of Pathological Conditions of the Abdominal Cavity," and another on "Constipation" by Dr. G. D. Cameron.

It gives us pleasure to find that one druggist has been brought to time for adulterating and selling goods that are "as good as" something that was called for. In this instance it refers to the preparations of Fairchild Bros. & Foster, whose Essence of Pepsin was imitated by one Edward Otto, a Chicago druggist, and sold as and for a pepsin, with all the apparent good qualities of the Fairchild preparation. The court decreed that the defendant pay to Fairchild Bros. & Foster the costs of the suit, to be taxed by the clerk of the court, and that he be perpetually enjoined from representing, by any word or action, that any preparation sold by the said Edward Otto is Fairchild's Essence of Pepsin. We congratulate this enterprising firm for the decided stand they have taken in running down one of these substituting, adulterating, and "as good as" druggists. May the good work go on!

Dr. E. A. Bradbury has removed from Norway, Me., and is now located at Stowe, Vt.

Lippincott's in its newest cover is attractive. And its "inwards" are as good as ever formerly. A very instructive and entertaining magazine at all times.

Dr. Martin Besemer of Ithaca, N. Y., has been visiting the profession of Cleveland during the month. Our "Bessy" (of our last European tour) is the same lively, noiseless, happy-hearted and good-natured "boy" that he has always been from the time that he was first known by any person.

Answering in this public way the many inquiries touching our proposed European tour, we beg to say that just as soon as the steamship companies determine upon their 1900 rates we will send our correspondents full particulars outlining the exact route, time, ship, etc. This datum is promised us for an early day. Remember that this tour is as open to American Institute members as to any other gentleman or lady. We are not going to split up into a half dozen parties, according to our purse, but will all be under the same tent and guidance.

We wait with much patience for the appearance of the *American Monthly Review of Reviews* in order to read the best résumé of the month's doings and saying. Take, for instance, the African war. Was there ever a period in daily newspaperdom that so little that is published in the latter could be relied upon for news or for facts? The one issue sets up a column of exceeding strength and beauty, and the next pulls it down. We had a somewhat similar feeling touching the Philippino war, long before it was discovered that all the news that came to us went through the Otis sieve and was in the main worthless. But the *Review of Reviews* gives a careful, dispassionate review of the actual field, and it pays to wait and get this. In other ways the *Review* is a wonderful addition to a busy man's table.

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#### The American Homeopathist.

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A. L. CHATTERTON & CO., Publishers.

# The American Homeopathist.

DECEMBER 15, 1899.

FRANK KRAFT, M.D., CLEVELAND, OHIO, EDITOR.

## OUR PORTRAITS.



FREDERICK W. SEWARD, M. D.,  
Goshen, N. Y.

The *British Medical Journal* speaks of "The Prevention of 'Phossy Jaw' in Match-makers." At first we supposed it was a misprint for "Bossy Jaw"; but later reading and reflection cause us to believe that it referred to the phosphorus jaw of those who make matches of the plain phosphorus kind; not those made in heaven.

"Mulligan boil" was what he said he had before his neck was scarred up with numerous

lance-points. It took us some time to make out that he had had "malignant boils."

**Correspondent** would be grateful for hints as to diet, regimen, exercises, etc., in the case of an applicant for life insurance, aged thirty-two, whose weight is below the standard. He is otherwise in perfect health and condition.

**When** you pass into a homeopathic physician's private office and find among his stationery his prescription envelope, what may you conclude when it reads something like this?

John S. Smith, M. D.,  
Bugtown, Ind.

For.....  
Directions: Take.....every  
.....hours alternately, dry upon  
the tongue.

Office hours, etc.

That arch joker, Dr. Arndt, of the *Pacific Coast Journal of Homeopathy*, winds up his notice of our proposed European trip with the statement that it is our intention to invite the editors of the several homeopathic journals to form a special party with us, and to present each thereof with a free ticket. Bless you, brethren of the quill, we know you need a rest and refreshment, and from the bottom of our heart we wish we could send each of you a full round-trip ticket for the jaunt. We know you would have a good time and come back feeling better and better all the time. There is nothing in all this world so sure of equalizing station and wiping out prejudices as a ten-day-over and a ten-day-back voyage on the briny. And then the camaraderie in foreign countries. See if you can't come along some way. We will do the best we can for you on reduced rates.

## Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M.D., 110 West 12th Street, New York.

References in this department are made by number, as follows: Chironian,<sup>2</sup>; Clinique,<sup>3</sup>; Hahn. Adv.,<sup>4</sup>; Hahn. Mo.,<sup>5</sup>; Envoy,<sup>6</sup>; Jour. of Obs.,<sup>7</sup>; Physician,<sup>8</sup>; Recorder,<sup>9</sup>; Sun,<sup>10</sup>; Clin. Reporter,<sup>11</sup>; Journal of Hom.,<sup>12</sup>; Indicator,<sup>13</sup> Century,<sup>14</sup>; Counsellor,<sup>15</sup>; Era,<sup>16</sup>; Visitor,<sup>17</sup>; N. E. Med. Gaz.,<sup>18</sup>; Times,<sup>19</sup>; N. Amer. Jour.,<sup>20</sup>; Pacific Coast Jour.,<sup>21</sup>; Southern Jour.,<sup>22</sup>; Hom. News,<sup>23</sup>; Jour. of O., O. & L.,<sup>24</sup>; Argus,<sup>25</sup>; Revue. Homéo.,<sup>26</sup>; Arch. für Hom.,<sup>27</sup>; Allgem. Hom. Zeit.,<sup>28</sup>; Zeitschrift für Hom.,<sup>29</sup>; El Prog. Homoe.,<sup>30</sup>; L'Art Méd.,<sup>31</sup>; L'Homoe.,<sup>32</sup>; Hom. Maed.,<sup>33</sup>; Hom. World,<sup>34</sup>; Hom. Review,<sup>35</sup>; Jl. Br. Hom. So.,<sup>36</sup>; Foreign Journal, not Hom.,<sup>37</sup>; Am. Journal, not Hom.,<sup>38</sup>; Indian Hom. Review,<sup>39</sup>; Materia Medica Jour.,<sup>40</sup>; Minn. Hom. Magazine,<sup>41</sup>.

### *Chelidonium.*

H. M. Warren, M. D.,<sup>15</sup> in an article on this drug says :

The head symptoms are clear and unmistakable, especially in those forms called bilious, tensive, compressed ; pressure with throbbing in the forehead ; weight on top of head ; severe pulsating pains arising in the nape and occiput to temples and forehead ; head feels as if in a vise, or band was drawn around the head. The eyeballs are sore, with bruised sensation, and a disinclination to move them on that account ; sparkling of the eyes with dimness. The head symptoms, as well as those of the eyes, are increased by fresh air, exertion, or stooping.

It comes very near to a specific for neuralgia of the eyebrows and temples, notably of the right ones, as the drug seems to have a strange affinity for that side of the body. And if the pains are hammering, burning, sticking, or tearing, its indication is all the stronger. Pressure of the hand slightly relieves, which, however, is true of nearly all neuralgias, while fresh air and motion aggravate.

The well-authenticated stomach symptoms are : Prefers hot foods and drinks, especially in dyspeptic conditions ; appetite poor at first, which is increased by eating ; eructations of tasteless, sometimes bitter, gas, relieved by eating ; which is also true of the many reflex symptoms of the head and chest, pressure with full feeling of the stomach ; pain in stomach, running through to back.

The full force of chelidonium is, however, upon

the liver ; and in the treatment of diseases having their seat in this important organ will you obtain the most satisfactory results. All its provings develop well-marked hepatic symptoms, from torpid portal circulation to congestion and even active inflammation of the liver. A feeling of fullness or distention in these parts, with a lame, bruised, or throbbing sensation in the side and back, more or less disturbance of the stomach, a thick, pasty coating on the tongue, with head symptoms that have already been given, are familiar stories to the doctors, but as bryonia, nux, merc., isis, pod., lept., etc., have usually been chosen in such cases, I want to suggest that the celandine be given a trial in the next.

Furthermore, this drug has the power of successfully combating the gravest as well as the mildest of everyday diseases, such as acute and chronic hepatitis ; jaundice from absorption of bile, biliary calculi, or catarrh of the bile ducts ; bilious pneumonia or induration of the liver.

### *Phosphorus Poisoning.*

Dr. Henry Koplik<sup>22</sup> reported the case of a male infant, ten months old, poisoned by 1-800 of a grain of phosphorus given three times a day for two weeks.

The child was brought to the clinic on account of intense anæmia and enlarged spleen ; it had been breast-fed, but was rachitic. One minim of the officinal oil of phosphorus was dissolved in one ounce of oil and a teaspoonful given three times daily. Within two weeks the child developed fever and diarrhea with enlargement of the lymph nodes behind the sterno-mastoid ; later eczema appeared on the scalp, petechial eruption on the extremities. The phosphorus was now suspended, but in five days large blotch-like hemorrhages appeared on the extremities and abdomen, blood in the stools, continued enlargement of the glands, epistaxis and bloody stools, with parenchymatous bleeding after opening the glands at the back of the neck.

The child died of exhaustion.

Leukemia and malaria had been excluded by examination of the blood, and with the exception of the suppurating nodes of the neck the other symptoms and signs followed closely the picture of phosphorus poisoning.

**TREATMENT OF CROUP.**

By D. DUNCAN, A. M., M. D., Chicago.

**T**HIS disease is a violent inflammation affecting the mucous membrane which lines that portion of the air passage which lies between the laryngeal cartilages and the bifurcation of the trachea, the primary bronchia. It is, in other words, an inflammation of the trachea or windpipe; for this is the seat of the disease, but the inflammation sometimes implicates the larynx above and encroaches on the bronchia and their ramifications.

Dr. Condie maintains that croup commences in the larynx, that the mucous membrane in this cavity inflames first and then extends into the trachea. The disease is, therefore, strictly speaking, a laryngeal tracheitis. He also asserts that the mucous membrane of the larger bronchia may first inflame and afterward it may extend to the trachea; I believe that croup is very rarely restricted to the trachea. I recollect but a few cases where either the larynx or bronchia, and perhaps both, were not implicated to a greater or less extent. Some writers maintain that the milder forms of this disease consist in an inflammation confined exclusively to the trachea, that when the mucous lining of the larynx partakes of the inflammation it becomes a suffocating croup and more severe.

In fatal cases of membranous croup it has been ascertained that the chief inflammation was in the mucous lining of the larynx, and yet this may be true only in a limited sense. We have encountered many formidable cases of croup, where the trachea only seemed to be the seat of inflammation.

During a violent and dangerous attack of croup, where the inflammation of the mucous membrane caused a rapid exudation and formation of pseudo-membrane, we have found the action greater above the larynx, glottis, and upper portion of the trachea, while at other times the bronchia are attacked and the disease is more protracted but not the less fatal.

Cullen, who first described the disease, made no distinction between cynanche laryngea and cynanche trachealis, yet the boundaries between the two are unmistakably fixed.

Their anatomical situation is different, and

they differ in malignity, though both are serious diseases. Croup usually occurs in childhood, but inflammation of the larynx is a disease which commonly affects adults. Croup is usually sudden and more serious, because it comes on without warning, and but little can be done to prevent its course.

Laryngitis gives sufficient warning of its approach to admit of topical or mechanical means of relief, as well as with well-chosen remedies.

We have said that croup was peculiarly a disease of childhood. It occurs, if at all, between the periods of weaning and puberty. But few cases occur in children under one year old; a greater number suffer from the disease in the second year than any other. In all probability this is owing to a change of diet consequent on weaning.

From the second year the number of children afflicted with croup gradually decreases. An experienced writer says that only one case in ninety occurred among children in his practice after the child was ten years old. But the disease does occasionally occur after the age of puberty. We are inclined to the opinion, however, that these, if carefully examined, would prove to be cases of laryngitis.

Croup is frequently preceded by what is commonly called a cold, which slightly affects the mucous membrane of the air passages.

The child at first sneezes, coughs, and is hoarse. This last symptom sounds the note of alarm. Dr. Cheyne says hoarseness never arises from a common cold in a child only when it indicates the approach of croup.

It seldom attends common catarrh, and therefore when it occurs at a season or in a district where croup among children is common, the nurse or mother should take heed and provide protective measures. The medical attendant should be prompt with curative and prophylactic remedies. Much depends upon the early treatment of the disorder.

In addition to these symptoms the child is feverish and fretful, wakeful and restless. In a few days, if not arrested, the symptoms peculiar to croup begin to show themselves; such as difficult respiration, attended by a noise much like what is heard in whooping cough, rough voice, loud metallic ring to the cough, and con-

siderable fever. These are the symptoms that characterize croup.

The sonorous inspiration is almost enough of itself to identify the disease. The cough sounds peculiar and much as if the victim coughed through a tin trumpet.

*Aconite*.—Invasion in the evening, after first sleep, preceded by restlessness, accelerated pulse, and dryness of the skin. The patient usually rouses from sleep, with restless impatient movements, tosses from side to side; cannot be calmed, and on attempting to swallow cries, as if from soreness and pain in the throat, followed immediately by a shrill, barking cough. The cough is frequent, *following every expiratory effort, but absent during inspiration*. This seems to result from a tickling sensation, excited by rush of air through the over-sensitive and irritated larynx from the lungs; the sibilant or sawing respiratory sound is also heard only during the expiratory act, and not during the inspiration as in some other forms of croup. The cough is more or less paroxysmal, but the stridulous breathing continues until after midnight when both gradually remit and toward morning nearly or *wholly disappear*; but often to return in the following night.

*Spongia*.—Hollow cough with expectoration and pain in the chest and trachea, roughness in the throat, breathing aggravated as from a plug in the throat, slow or quick panting larynx and trachea; painful as if from pressure, worse when touched, scratching, burning, or constrictive sensation in the larynx and trachea, stinging in the throat and sensation in the outer parts of the neck as if something were pressing out, morning and evening, painful tensions on the left side of and near the Pomum Adami, when turning the head to the right side; the eyes are sunken, the urine deposits a thick, grayish-white sediment, general morning sweat, pulse quick and hard, drowsiness, lassitude of the whole body, out of humor, everything puts him out of humor, even talking and answering questions. There is also fluent coryza and sometimes sneezing with saliva dribbling from the mouth.

In spongia croup the stridulous respiratory sound is always during *inspiration* and the cough less constant and excited only by the inspiratory act, and the cough and sibilant respiratory sound

are not so constantly concurrent as in aconite-croup.

*Hepar sulph.*—Violent fits of coughing, as if he would suffocate or vomit, deep distress on account of the tightness of breathing, husky, accompanied with painful soreness of the chest at every time of cough, which is violent, the air rushing against the larynx, occasioning a pain in that part; sensation of scraping, scratching with mucous expectoration, the cough being caused by titillation in the throat, or by a scraping in the trachea, and increased unto vomiting by a deep inspiration, weakness of the organs of speech and chest, short breathing, pressure in the throat, occasioning a constrictive feeling as if he should be suffocated; urine pale, clear while being emitted, or dark yellow, burning during emission; great unconquerable drowsiness; profuse sweat day and night, viscid profuse night sweat, sweat before midnight, and apprehensive and inclined to weep.

*Belladonna*.—Feverishness with a tendency to perspiration; face flushes; cough painful, so that the child cries before the cough comes on.

*Bryonia*.—Voice rough and hoarse; cough dry and hacking; child lies quiet, does not want to move or to be moved.

*Kali bich.*—Voice hoarse, uncertain; cough hoarse and metallic; expectoration of tough, stringy mucus; wheezing rattling in sleep; coryza during the day.

Keep the child warm. The diet should be light and non-irritating, even for some time after a cure is effected.



### WHY THE INDICATED REMEDY FAILS IN GYNECOLOGICAL MEDICINE.\*

By J. WEST HINGSTON, M. D.,

Professor of Obstetrics and Medical Diseases of Women,  
Dunham Medical College, Chicago.

THE power to cure of the homeopathic remedy in the various ailments peculiar to that all-suffering class, women, is a subject that has been discussed—and cussed—till the discussers and cussers have become as hysterical or as irritable as the women who bear the troubles. Blank and unsupported statements

\* Read before the Southern Hom. Med. Asso., 1899.

have been made by others that said internal remedy will not and does not cure. Usually it would appear that the several parties to the controversy have relied upon their known standing—their recognized professional ability and their veracity to carry conviction with their words. It is true that a list of cured cases a half-yard long is given by each as clinching evidence of the respective claims. Moreover, the fact exists that each in turn has had a retinue of cases which he has failed to cure by the other fellows' methods—which he also deals out in yard lengths. So each claims to have the undeniable proof, but each in his turn refuses to be convinced.

Now, if all the truth were known and all admitted it, it would be found that each has also an army of cases who have not been cured or even benefited by his own methods. But these are private property of his self-esteem, and his conscience is not permitted to give them away, even in small lots as remnants of bad luck.

I do not wish to be accused of saying the profession is given to prevaricating. I only say that the professional conscience has sworn the professional tongue to speak the truth and nothing but the truth, but forgot to put in the second clause, the whole truth, which is the most important as medical evidence as well as in evidence at law.

Some men pride themselves on belonging to the conservative class, others to the liberal class, both of which are nearly synonymous with admitting they belong to the lazy class. Contrary to what these terms should mean, this class (for I put them both together) is often far from the analytical class or the synthetical class. They are conservative in one thing—hours of thoughtful investigation. They are liberal in one thing—the amount of material they read. They may have read various theses, but the minutiae of analysis is too great a task. Thus they slobberingly practice the methods of one advocate or another, and from evidence the worth of which no really scientific mind would accept from the throat of the golden thrush as against a grizzly "tom" of known voraciousness, come to lifelong-enduring conclusions which they conjure themselves into believing are convictions,

when, as a matter of fact, they never had a conviction in all their life.

Now let us inquire into this. I state it as a proposition that the homeopathic remedy, or to put it more correctly the internal remedy, in the hands of the homeopathic physician does sometimes fail to cure in diseases peculiar to women. I hope no physician will have the temerity to controvert this statement, for I would have to doubt his truthfulness.

Why does the remedy or remedies fail to cure? I think the conscientious, thorough, and true homeopath will answer for himself, "Because I do not know enough." He is right. Yet, as will be seen later, he may be mistaken as to what he deems the sufficient knowledge.

The afore-mentioned slobbering and careless prescriber will say not all cases are curable. He may be right. Yet, many of *his* incurable cases are curable.

The surgeon will say the only way to cure many of these cases (he may say most of them) is by surgical means. He is wrong *in toto* or in part. If he means nothing but surgery is to be, or need be used, he is totally wrong.

I wish to address myself now to the first class—those who acknowledge they do not know enough to cure all cases. To a part of those I have nothing to say—those who stand on the same ground with the writer, whose position you will learn as I proceed. It is to the so-called (accepted, but I claim erroneously) and self-styled Hahnemannians I speak. I ask you if a dirty mother brings her dirtier urchin to you for relief of a sore, scabby, ulcerated, and catarrhal nose, will you prescribe the indicated remedy, no more, no less, and send them away rejoicing? hardly! For if you do the chances are that neither their nor your rejoicing will be of long duration. For though it is said that sulphur will transform the sloven into a model of cleanliness, I fear the c. m. of that remedy will not asepticize that nose. Rather will you instruct that that nose be regularly and systematically cleansed. It is not the province of this paper to say by what means. Would you do less for an eroded catarrhal uterus or vagina macerating in its own decaying and microbe-laden discharges? Would you not use massage, movement, electricity to strengthen the ligaments

and outer tissues, and to resolve new deposits after the reduction of an old dislocated shoulder? Would you do less after the reduction of an old dislocated uterus? And if you would, why? Remember, I am not addressing those of you who cure *all* your cases. You need no advice from me. You will get to heaven through your own good works if not because of your truthfulness.

To the conservative man, or the liberal man, as he may choose to call himself—that slobbering, lazy fellow who prescribes the unhomeopathic remedy and applies the proprietary and strictly “ethical” wafer after the approved method of some old-school doctor who never expected to more than palliate, I have nothing to say. He cannot be reformed. He is beyond salvation.

I ask the surgeon who believes or says he believes that surgery is the all-sufficient and usually the only remedy for these troubles of women, if he has had, or ever heard of broken arms or legs that would not heal under the most skillful handling, ulcers that would not cicatrize under any topical treatment, without the administration of the calcareas, silicea, thuja, symphytum? Will you do less for the ulcerated cervix, the toneless ligaments, the inflamed ovaries, the congested and sluggish rectum? Are you sure surgery *and* medicine will not do more than surgery alone?

I hope I may be understood in my effort. I have digressed a little from the subject proper of this paper. But if I have succeeded in convincing you that the reason the homeopathic remedy does not always cure is because the physician does not do his whole duty—he does not do all he might, you will forgive the digression.

But there is yet more to this subject. I will suggest another reason for our failures. It is self-evident that in homeopathy the first requisite to cure is to know how to take the case. It is too sad a fact that there are too few good case takers. It is to be regretted that there is so little attention paid to this subject in our colleges. It is a difficult part of our work, and is no more difficult anywhere than in diseases of women.

It is not only necessary to get all the symptoms

in any given case, but they must be properly correlated and arranged. They must be given their proper places, their proper sequences, their values and correct significance. Here, as in all diseases, the symptoms that will be voluntarily given you will be those that are significant only as diagnostic symptoms—symptoms that are common to nine-tenths of all women who come into your office, symptoms that you learn by rote, that you could tell to your patient better than she could tell to you. These will show you what is the trouble. They will enable you to name the disease, but if you name it in full it will take more letters to spell it than it does to spell the name of a Russian count, including his titles, in his native language. But these symptoms will not be worth the snap of your finger to tell you what is the remedy. The symptoms that are peculiar to each individual patient must be learned. It is not enough to know that the woman has cervicitis, ovaritis, prolapsus. A red os does not indicate the same remedy as a blue os. Painful coitus from a sore ovary does not indicate the same remedy as painful intercourse from a dry vagina. Vastly different from either of these will be the indication if the painful cohabitation is due to strained conjugal relations between man and wife. I mention but these few samples of symptoms to illustrate what I wish to convey when I say examination of patients is too superficial. Particulars of the deep underlying conditions are not sought.

The physician who claims to cure all curable cases of cervicitis, all leucorrhœas, all dysmenorrhœas, with the internal remedy and never has to subject the patient to the embarrassment of a physical examination or local treatment, I put in the same category with him who has never had a case of lacerated perineum in twenty-five years of obstetric practice. He does not see. He does not know, or does not admit that he knows, that in some of these patients which he says he has cured he has only relieved—perhaps banished for a time—the subjective symptoms, and that when the symptoms have returned the patient has gone to some other physician. Does the gynecologist meet with greater success when he dilates or cures and relieves in an equally quick way? I think not. Seldom does



the local morbid condition disappear entirely. It gradually returns and with it the suffering. Would a combination of these methods give better results? If my testimony is worth anything, I say yes. Unfortunately for the women, as well as for homeopathy, the materia medica is seldom a good surgeon, while the good surgeon is still more seldom a good prescriber.

I do not wish to be understood to say that the single method never cures. I have to do only with the cases that are not cured. Are there any of us who have not had cases we thought—hoped—were cured, and which we afterward learned had relapsed into the old conditions?

Perhaps it may be that it would have been more profitable for me to have told how to cure the cases so far uncured. I regret it is not within the province of this paper and within the time and space I may occupy to tell you. But I could not do it in one hour nor in ten times one hour. Moreover, it is needful that we first learn where we fail. We must know what we lack before we can supply it. It has been my object to point out what I think is mostly lacking, to show where work is insufficient, to point out the road to better success. Everyone is capable of traveling that road by himself.

I wish simply to hint concerning three other points. Look to the mental symptoms. Consider the stomach and food. Do not forget the bowels, especially the rectum and the anus. Finally, when making your first choice of the homeopathic remedy, forget that your patient is a woman—treat your patient, not the sex.



### **TYPHOID FEVER.\***

By W. L. McCREARY, M. D., Knoxville, Tenn.

**B**ELIEVING for a number of years that our treatment of typhoid fever was very lame and inefficient has led me to depart widely from what has been laid down in our textbooks, and I shall briefly mention the course I have followed in all my cases for the past five years.

I will pass over the prodromal period and symptoms which lead us to a diagnosis of a

\*Read before the Southern Homeopathic Association at Asheville, N. C.

typical case of typhoid. It is an acknowledged fact that typhoid fever is produced by the introduction of specific bacilli into the system, generally through the food or water. As soon as I am satisfied that I have such a case I stop all food of every description and give only boiled water and the medicines indicated, and once a day order an enema of normal salt solution, and continue this until the bowels are thoroughly cleansed, then every alternate day during the course of fever. I have treated all of my cases in this manner for the past five years. It is sometimes a difficult matter to impress upon the laity that no one ever starved in this country and many a one has been stuffed to death. The patient does not want food and is satisfied with a good quantity of water, and that I allow. I frequently keep my patients from 14 to 18 days in this way; and with a temperature ranging from 103 to 105 have no delirium, diarrhea or tympanitis to speak of. During height of fever I sponge frequently with tepid or cold water to reduce temperature and keep skin active.

The first morning I find the temperature normal I give a wineglass of hot milk. The first day I repeat this three times; the second day I double the quantity. The third day I add crackers, toast, etc., a soft-poached egg and baked apple, increasing the bill of fare each day until by the seventh or eighth day they are eating everything, and as much as they want; and I never have had a relapse or an increase of fever. Give the usual remedies for typhoid fever as indicated, but seldom find a condition that calls for arsenicum, rhus tox., or carbo veg., believing that the digestive organs are all diseased and incapable of either digesting or assimilating the usual slops that are poured into typhoid patients. Therefore they are worse than useless, and in a partially decomposed state furnish a hotbed for the development of bacilli and the generation of toxic gases, the absorption of which are in the main responsible for violent delirium.

The decomposed fluids that are continually passing over the ulcerated glands only add to the condition, and we finally get hemorrhages and frequently perforations, and then the undertaker is called in to cover up our bad work.

What intelligent physician who has ever watched the fetid, nauseating involuntary discharges that pour from the delirious typhoid patient, could think that poor diseased nature could ever procure any nourishment for such a mess?

If we get no good we certainly get harm. Therefore I say the sensible way is to avoid as many of the dangerous complications as possible by our treatment; and treat the diseased surfaces within the bowels as nearly as possible as we would ulcerations on the surface, by perfect cleanliness.

Who among you cannot recall cases that have been treated with broths, milk, etc., when the fever finally subsides, have no appetite, digestion almost *nil*?—and you know what difficulty you have had in getting them to take enough food to sustain life without thereby raising the temperature. After this complete rest of two weeks or more you have none of that.

In a week after the fever subsides your patient has the digestion of an ostrich, and no need to fear a rise in temperature with every little increase in diet; and I firmly believe that any physician who will carry one case through on this line will never be tempted to return to his slops, and he will soon feel that he is able to rob typhoid fever of many of its terrors.



### ON THE BORDERLAND.\*

By M. E. DOUGLASS, M. D., Baltimore, Md.

ONE of the most difficult problems in psychological medicine is to determine where sanity ends and insanity begins.

As the interval between the departing glow of day and the deep gloom of night is filled with varying degrees of light and shadow, so is the borderland of insanity filled with varying moods of melancholy, depression, "crankiness," and the scores of other symptoms that would indicate that "something was wrong," that the individual has "wheels in his head," a "screw loose," etc.

There is a period in which the individual cannot be considered as insane, neither can he be considered mentally sound—a period that cannot

be called the daylight of reason, nor the night of mental gloom.

It is not my purpose, however, in this brief paper to attempt a description of this state of mental incapacity, but merely to cite a few cases from my own practice in illustration of the condition, with the means that were successfully employed for their relief, and letting into the darkening chambers of reason once more the broad daylight of healthy reaction.

These cases on "the borderland" of insanity are far more frequent than at first might be supposed. Some, by the sheer force of their inherent will-power, succeed for a time in keeping in subjection any manifestations of their abnormal sensations, perhaps successfully doing so until some other disease supervenes and death aids them in their victory. Others go on under this mental strain until finally reason is suddenly dethroned, and some rash and horrible deed is committed, and the patient is adjudged afflicted with acute mania. In some cases when this state of affairs once occurs a cure is practically impossible, and the patient either settles down into a state of pronounced melancholia, or some other of the various forms of insanity develop, and the remainder of his days are doomed to be passed within the sheltering walls of some friendly asylum.

The time to properly treat these cases is as early as possible. These patients usually seek the physician for some other ailment, and the physician should be very careful to obtain a complete history of the case, carefully examining the patient and interrogating the patient's family and immediate friends, and basing his treatment upon the knowledge thus obtained.

Many remedies have a pronounced effect upon the mind, and the characteristics of these remedies should be as familiar to the prescriber as the common anatomical points of the human system.

However, we must not alone study these comparatively few drugs in our search for the simillimum, as any remedy in the *materia medica* may be needed, and a drug whose mind symptomatology has been but little verified may prove to be *the drug* needed to cure the case under consideration.

The history of the following cases, I trust, will

\* Read before Southern Hom. Med. Association, 1899.

serve to partially elucidate my meaning and show the importance of an early and correct diagnosis, based upon a careful and painstaking physical examination of the patient, together with a careful analysis of the subjective symptoms as obtained from the patient and his friends.

CASE I. Mr. J. H., aged thirty-eight. Deacon in a church.

For several months he has been gradually getting worse until he says that unless something is done to relieve him he will go crazy. He is a married man and the father of three children. His family affections are strong, yet sleeping with his wife arouses no passion within him: But when in the company of almost any other woman his passions are strongly aroused, but he has seldom an erection. His wife has many female relatives to visit her, and when they come to bid the family "good-by" and it comes his turn to be kissed he invariably has an emission.

When walking along the streets and catching a glimpse of a female ankle he cannot repress voluptuous thoughts. He is in constant fear that he will be tempted to do some disgraceful act. He has prayed for a change of heart, but it grows worse; so that now he avoids society in every way he can. The only symptom he complains of in relation to his sexual organs is a slight itching of the prepuce.

He has become ill-humored and morose, so much so that his friends have noticed it and commented upon it among themselves. Formerly very fond of reading, he now reads very little, as he does not understand what he is reading.

He complains of no pain anywhere; his bowels are normal; appetite excellent; but he does not sleep as well as usual.

After explaining to him that I thought the trouble was reflex from the rectum, I obtained his consent to place him under an anæsthetic to make an examination.

There were no symptoms of hemorrhoids, but a red, angry papilla as large as a pea was situated directly under the prostate. Scattered about were three other papillæ, small in size; two pockets were found. I removed the papillæ, and slit open the pockets, pretty thoroughly

dilated the sphincters. When he came out from under the influence of the chloroform I told him that I had found the cause of his trouble and had removed it. He remained in bed for a week. When he got up I gave him some conium 30x to take.

This occurred two years ago, and he informs me that he is entirely free from his old trouble, and has been ever since the operation.

An interesting question arises: If, at the time he was suffering he had been guilty of an indiscretion with some member of the opposite sex, to what extent *should* he have been held responsible?

CASE II. Mrs. B., mother of three boys, ten, eight, and seven years of age.

Her husband and children are very fond of her and very kind to her. She has everything about her to make her comfortable. Formerly bright, cheerful, and of a happy disposition, a complete change has come over her.

When she wakes in the morning she feels weak, empty, and cross. Cannot bear to have anyone near her. After taking a cup of coffee feels somewhat better. While attending to her work it seems as if she could not get anything done fast enough. Frequent attacks of violent weeping without apparent cause; she could not help it. Despondent and gloomy, with a conviction that she is pregnant, although nothing of the kind is present. A feeling of restlessness and extreme irritability all the time, especially when talking to anyone, it seems as if she *could not* contain herself; must get up and run about. There is a confused feeling in the head, and she fears that she will go crazy.

She also complains of a sensation as if something would fall out of the vulva. Examination showed uterus in normal position.

Face flushed nearly all the time, with terrible headaches at times. Constipation. Is a fine musician, but cannot play her piano lately, as it makes her nervous; imagines that people are criticising her playing, and in consequence she makes mistakes, gets angry with herself, and leaves the instrument. On two separate occasions has had a numb sensation of left arm as if about to be paralyzed.

Thinking her symptoms were purely reflex, I placed her under an anæsthetic, and removed

several small hemorrhoids and four pockets, one of which was the largest and deepest I have ever seen, and dilated the sphincter muscles. The next day when I called to see her she said she had not felt so calm for months ; she did not feel at all irritable, and that horrible confused feeling was much less. On the fifth day she sat up and was very bright and cheerful. I placed her on *lilium tigrinum* 30x, and twice afterward dilated the sphincters and passed the cold steel sound into the uterus four times. She made a continuous progress, and in three months' time was like her former self, and, as she told me, "heartily ashamed of her former actions."

I might cite several other cases, but these two will serve my purpose. I fully believe that either case would have developed into mania had not the cause been discovered and removed.



### THE BUGABOO, ALTERNATION!

By M. W. VANDENBURG, Mt. Vernon, N. Y.

WHEN any science depending on invariable antecedents is formulated, if all the possible antecedents are included in the calculation, and their relations completely and truthfully apprehended, it may be possible to so formulate the conclusions of that science that they shall never need revision.

When we come to think of it, it will be seen that there is only one such science, and only a little of that, which may be reasoned on with certainty by a fallible being. That science is mathematics, in so far as the human mind has been able to grasp it, which is only a little way.

Few people are able, for example, to extract the root from the sixth power, by a definite formula, as we find the square root, for example.

But there are not wanting those who are able to lay down fixed rules for procedure in cases where all the antecedents are not known, where all their combinations cannot be known, and where the theories on which these rules are indicated are so broad and so vague that the deductions may be said to be founded as much on ignorance as on knowledge.

Such a theory is the single remedy, the minimum dose, and the consequent wholesale denunciation of alternating remedies.

No one denies, who has had enough experience to give his testimony any weight, that the single remedy and the minimum dose does sometimes do wonders.

Neither will he doubt when the simillimum is very close that it will have good, if not wonderful, effects.

But suppose he can't find the simillimum? Go home and look at his books, says the wise one—leave a placebo and go home and find the simillimum. But suppose he can't find the simillimum when he has looked at his books?

Now it is no use to argue with some, who may be neither idiots nor fools, though they sometimes act so ; it is no use to argue that there are cases for which there cannot be found a simillimum in the present state of our *materia medica*.

But no man of sense has practiced homeopathy very long, and had much to do, who has not had such cases, and not a few either. Well, what is he to do? Give the not-indicated drug? Any drug? The most common-sense method would seem to be to give the nearest indicated remedy.

But there are some who have experimented. And, by the way, is not this the method by which all knowledge has been gained? They have tried alternating two remedies, either because both seem about equally indicated, and neither very well, or for some other reason. And these people, these experimenters, have found certain results to follow pretty generally the giving of certain drugs in alternation. Indeed, they have come to pin their faith on certain drugs in con-association, if I may be allowed, in the case of a certain definite group of symptoms. Now, is there anything unscientific in this? But it is unhomeopathic, shouts an intolerant. Well, what if it is! who claimed it was not on the narrowest, straitest sectarian lines? The fellow was tight-pressed, he tried an experiment: it worked well; when he got in the same box he tried it again, and it did well a second time. Now, after it has stood him in good stead for ten or a dozen years, in twenty or two hundred cases, the intolerant, the egotistical, the theoretical may taunt, may go into hysterics if he chooses, but the man will continue to use those alternates whenever

the peculiar occasion demands. This, as I understand it, is about the size of alternation to-day in its best aspects. But of course this is not its only phase. There are the *lazy* who alternate because it is easy and seems to do good in the eyes of the family; and these are the eyes that bring success and fame, even though they be blind eyes. There are the *incompetent*, who have not the wit to make a good prescription, even in a plain case. There is the *busy* doctor whose goal is not cures, but calls.

And, finally, there is the *ignorant*, who meddles with tools of which he does not know the use, or the value. These four classes are not small in the aggregate. And because the sum total is large it is easier to class the honest, intelligent, and careful observer and experimenter with them than to put him in a class by himself, where he honestly belongs.



### A FEW THINGS TO THINK ABOUT.

By E. MATHER, M. D., Detroit, Mich.

WE do not believe that the human being was made to be continually douched, drenched, washed out like a rag, or steamed and stewed day by day in a vapor or a Turkish bath, and then half starved on Graham diet.

The people to the truth are blind;  
Thick darkness covers up the mind.

All the good there is in water cure can be got in plain warm or cold baths, but this is a slow process, and although necessary as a means of cleanliness.

False customs give fine cloaks to knaves,  
Whereby they open early graves.

We can perform as much good in four or five days, as with all the vapor in as many years.

None wonder youth so early dies,  
When they have filled the world with lies!

Look at the Turkish nation! too lazy to raise  
a natural sweat by healthy exercise.

Opinions now are all the go;  
What's right or wrong they do not know;

They still further increase their debility by  
the laxative agency of the hot-air bath.

Their customs form a horrid snare  
Which cover up a demon's glare.

Now repeated use of which completely paralyzes  
their muscular system.

Could we not number up the dead,  
That by their deeds from life have fled.

The science of medicine teaches us to create  
vital force in our patients by putting the right  
materials inside their bodies.

Their claim to heal is all pretense,  
Their notions outrage common sense;  
They naught but lies and death dispense; and awful is  
the consequence,  
To those they lead astray.

Now what an idiot a stoker would be considered  
who would attempt to make his engine  
go by packing the fuel and water, and raising  
steam outside the boiler.

Successfully 'tis plainly known,  
They substitute for bread—a stone,  
The laws of health they let alone,  
While helpless mortals vainly groan  
For aid they cannot give.

There surely never was a day  
When truth and right more prostrate lay,  
And error held more potent sway,  
Poor empty-minded men to slay,  
Professing other things.

The laws of life and health are plain,  
And those who would their pleasures gain,  
Should artificial schemes disdain;  
The healing power pure minds can claim,  
And free to all bestow it.

The sick may find a general cure,  
If they will only eat what's pure;  
A healthy life each may secure,  
If he will not foul air endure  
And vapors set aside.

Thrice welcome, then, the happy hour  
When all shall have true healing power!  
Then life and health on all will shower,  
Disease and sin no more devour  
But truth triumphant reign!

Brother, look out yonder!  
Just look at yonder coxcomb, with his bottle, pipe, and  
gun.  
He thinks he's very clever, empty-headed, quite a dun:  
To cultivate his intellect would put him sore about,  
The light of truth and justice from his mind has been  
put out.

**MATERIA MEDICA QUESTIONS.**

By E. FORNIAS, M. D., Philadelphia.

Give the menstrual difficulties of ipecac.

Intermenstrual period short. Menses, too early and profuse, sometimes amounting to hemorrhage. Flow, bright red, profuse, persistent; sometimes clotted. Attendants: Nausea and heavy, oppressed breathing; occasionally prolapsus.

Give the menstrual difficulties of nux vomica.

Intermenstrual period, short. Menses, too early and profuse, or early and very scarce. Flow, dark, abundant, or scanty. Attendants: Nausea and fainting turns, abdominal spasms, irritability of mood.

Give the menstrual difficulties of pulsatilla.

Intermenstrual period, long. Menses, too late, scanty and of short duration. Flow, thick, black, clotted, intermittent, or changeable. Attendants: Chilliness, backache, uterine cramps, despondency.

Give the intermittent fever of pulsatilla.

The paroxysm is irregular, ever changing, not two alike; of increasing intensity, and usually composed of long chill, little heat, and partial, semilateral sweat. The absence of thirst throughout the attack is characteristic, though thirst may be present when the heat is great.

When is ant. crud. indicated in remittent fever of children?

When child is delirious, drowsy, with nausea (ipec.); hot, red face; very white tongue, and great thirst (bryo.), especially at night. Child does not like to be bathed with cold water, is fretful and peevish; does not want to be looked at or touched. (Cina.)

Give the local dropsies of apis.

1. In hydrothorax or hydropericardium, when there are burning or sharp stinging pains in the chest, and great oppression, with inability to lie down (ars.), feels as if he never would breathe again. Adipsia and dark, scanty urine.

2. In ascites, when there is great soreness of abdominal walls, a feeling as if the intestines were bruised, with inability to breathe except when sitting; even leaning backward causes suffocation. The patient may

be thirstless as in puls., or drink often and little at a time as in ars.

3. In dropsy of the ovary when there are burning, stinging pains (especially right side) with sleeplessness, adipsia, and scanty urine. Face waxy and œdematous.

4. In all dropsies, with burning, stinging pains, sleeplessness, absence of thirst, and dark scanty urine.

**ACCIDENTAL WOUNDS OF THE FEMALE BLADDER.\***

By FREDERICK H. WIGGIN, M. D., New York.

ACCIDENTAL opening of the bladder has, for many years, been considered one of the most serious accidents that could occur in the course of the complicated work which gynecic surgeons are often called on to perform. The following case is offered in illustration of this type of injury:

M. H., unmarried, æt. forty-one, was admitted the City Hospital, Blackwell's Island, N. Y., Sept. 30, 1898, suffering from a large myoma, which sprung from the anterior uterine wall and extended above the umbilicus. On Oct. 3 the abdomen was opened, and the tumor, which weighed seventeen pounds, was drawn through an incision six inches in length, freed from its attachments, and removed, together with the body of the uterus amputated near the internal os. As hemorrhage was profuse it became necessary to remove the mass very rapidly, to accomplish which the anterior attachment of the tumor was clamped and cut, when it was discovered, from the escape of urine, that the bladder had been opened near the fundus.

The general cavity had previously been shut off with gauze pads and thoroughly irrigated, followed by the use of Hydrozone in half strength, and this, in turn, by saline solution. The gauze pads were now changed, and the opening in the bladder, four inches in length, was closed by means of two layers of chromicized catgut sutures. The wound was then disinfected, and there being a large peritoneal flap, it was attached to the bladder and made to cover the line of sutures, thus making the

\* Presented to the American Medical Association.

bladder-wound extra-peritoneal. After further washing out of the abdominal cavity with Hydrozone and the saline solution the external wound was closed, without drainage, and the usual dressings applied. The patient being feeble it was not thought advisable to make a vesico-vaginal fistula to drain the bladder, but, instead, a self-retaining catheter was introduced. At the end of ten days, however, tumefaction occurred over the lower angle of the abdominal wound, and, on opening it, urine began to escape. A vesico-vaginal fistula was now made in order to afford adequate drainage. The sinus in the abdominal wall was curetted, and after being thoroughly disinfected with Hydrozone its walls were sutured. Soon afterward, the sinus having closed, the sutures which kept open the vesico-vaginal fistula were removed, and the latter closed quickly without any further operative interference.



#### THE MARION (O.) MEETING.

WITHOUT a doubt every doctor who attended the joint meeting of the Northwestern Ohio and Miami Valley Homeopathic Medical Societies at Marion, O., on November 23, was perfectly satisfied. It was the "easiest" meeting we have attended in years. No friction anywhere. Somebody knew how to make things smooth and pleasant. The programme was large, but very select. Every man who was present had ample opportunity to read his paper and have it fairly discussed. No paper was read by title, so far as we heard. The day was a disagreeable one without,—rainy and cold. As soon as the Cleveland delegation reached the station they were taken in tow by some be-ribboned doctors who chaperoned them to the Reber House,—but eight weeks open. Here a good substantial dinner awaited the pilgrims, and after its dispatching it was found that the hotel would not receive our money. At the Y. M. C. A. building the meeting was in progress with Dr. H. E. Beebe in the chair. Dr. W. A. Dewey was on the floor with his paper on *Latyrus*. He was followed by Dr. H. F. Biggar, whose paper entitled "When the Abdominal, when the Vaginal Route" was well received and honored

with a generous discussion, in which Drs. Kinyon and DeWitt G. Wilcox participated. Dr. O. S. Runnels gave us "Wound Closure"; discussed by Drs. Maxwell and Pratt. Dr. De Witt G. Wilcox read "The Early Recognition of Ectopic Pregnancy." Dr. Pratt had "Some Suggestions in the Local Treatment of Women." Dr. W. B. Carpenter presented "A Clinical Contribution to the Study of Epilepsy." A paper on *Natrum Mur.* was read by ourself. After this Dr. Biggar presented for Dr. F. Morley (who had taken the chair) a clinic of infantile paralysis and asked for advice and prescription. This continued for some time. After which Dr. Emmet L. Smith of Chicago closed the symposium with his paper on "Practical Bacteriology and Hæmatology."

The banquet was laid in the dining room of Dr. C. E. Sawyer's Sanitarium—covers being laid for upward of two hundred people. Dr. C. E. Fisher was toastmaster, and was in his element. His introductory remarks were exceedingly felicitous and apropos. Dr. J. D. Buck responded for the American Institute. Dr. Runnels gave his poetic mind to "The Ladies." Judge Davis responded to "Ohio." Dr. Wilcox was very happy with his little funny stories loosely strung together on "The Germ Doctor." Dr. Pratt fixed up "The Genus Medicus." Dr. Sawyer was called for and also his wife, and both were happy in their speeches.

We think that the presidents of these two societies have reason to felicitate themselves upon having arranged a most admirable programme; and to Dr. Sawyer and his charming wife every mother's son of us doctors feel that we cannot feel too grateful for their kindness and attention. The banquet was a handsome affair, pretty and equally prettily served. After the banquet the guests adjourned to the Y. M. C. A. Hall again and listened to a fine lecture by Dr. J. D. Buck on "The Ideal of the True Physician" which, as always with this gentleman, showed deep learning and vast research.

How much better it was to have had a jolly crowd of good-natured doctors assembled for just one day with a limited number of papers, these well read and well discussed, rather than three or four days or more of bureaus and sections and red-tape and jealousies and friction

and unhappiness—to say nothing of that awful hotel bill which continues to run with exasperating continuity while one waits for his special bureau to appear in the course of the Institute or of the State society.

Cincinnati was represented by Dr. Buck ; Dr. Walton; the genial, having met with an accident to one of his knees a few days before. Columbus turned out well. Springfield was there and so was Mt. Vernon. The general popularity of Dr. Sawyer may be inferred from the fact that when he came to Marion, some four or five years ago, he had room only for ten patients. To-day he accommodates over one hundred. He has been obliged to add on one building after another until at this time the plant represents about sixty-five thousand dollars.

## Correspondence.

### *The Southern Homeopathic Medical Association.*

*Editor AMERICAN HOMEOPATHIST :*

The Southern Homeopathic Medical Association held one of the most successful meetings in its history at Asheville, N. C., October 17th, 18th, 19th.

The spell of that beautiful country fell upon everyone present and the feeling in each heart was, "It is good for us to be here, let us make here *thirty* tabernacles."

The programme was carried out as planned, with but few disappointments because of expected contributors who failed to materialize.

One of the pleasant incidents of the meeting was the happy speech of Dr. Guthertz, at the Tuesday evening session, in which she felicitated Dr. Ballard, the president, upon the coincidence of his presiding over the meeting on the anniversary of his natal day, a date of importance both to the Association and Dr. Ballard.

The papers presented were excellent, the discussions enjoyable. One great charm of the meetings of the Southern is the free and informal way in which each man or woman expresses his opinion, and the good feeling existing between the members gives rise on occasion to very clever bits of repartee.

The papers of the Materia Medica Bureau were particularly provocative of discussions. Southern fevers and their treatment, in reference to diet, especially, was another subject that called out many opinions. Naturally Asheville and its peculiar climate for tuberculous patients was a theme discussed with interest, the local physicians, Drs. Linn and Calloway, contributing much information for the visitors.

The social side of the meeting was largely in evidence. The drive through the Vanderbilt estate on the afternoon of Wednesday, a perfect October day, was a thing of beauty long to dream over. Wednesday evening Dr. Linn and his attractive wife entertained the Association delightfully in their home.

A number of new members were added to the Association. Among them Dr. Bruce of Tampa, Dr. Bryan of Louisville, Dr. Linn of Asheville, Dr. Carmen (late from England) who were present.

Of the faithful attendants on hand were Drs. Stout, Whitman, Henry, Hallman, Duffield, Guthertz, and Stearns. Drs. Foster, Webster, Coon, and Custis, who have not been so often present, were warmly welcomed. Dr. Charles E. Walton, the ever welcome guest of the "Southern," brought with him this year Dr. Pauly.

Mellin's Food and Imperial Granum sent their courteous representatives to add to the success of the meeting.

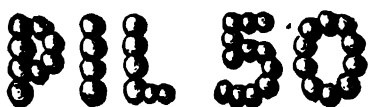
Dr. McCreary of Knoxville invited the Association for 1900 and his invitation was heartily accepted.

The officers for 1900 are: President, Dr. Alfred M. Duffield, Huntsville, Ala.; 1st Vice president, Dr. F. E. Linn, Asheville, N. C.; 2d Vice president, Dr. Frank Webster, Norfolk, Va.; Treasurer, Dr. Geo. S. Coon, Louisville, Ky.; Recording Secretary, Dr. Lizzie Gray Guthertz, St. Louis, Mo.; Corresponding Secretary, Dr. Frances McMillan, Nashville, Tenn.

The meeting was not only a pleasure and profit to those present but marks the advancement of homeopathy in the South, and served to enthuse all with the feeling that the "Southern" is destined to grow to proportions yet undreamed of.

FRANCES McMILLAN, M. D., *Cor. Sec.*





### ***Some Unbrotherly Language From Brother Love.***

To all critics of the *Medical Mirror* [says Editor Love] I have to say that this journal is edited by a man who has the courage of his convictions, being ever anxious to serve the best interests of the medical profession; he cannot hope to please everyone, and does not expect to try. He rarely issues a number which is entirely satisfactory to himself. So far as the unhappy pedantic pedagogic pessimistic pecksniffs in general of the editorial fraternity are concerned, they can all throw rocks or not at the *Medical Mirror* as they please, they cannot chip its surface or break the continuity of the mercury on its back; it will go on "reflecting the medical profession and its progress" from month to month without waiting for the consent of other nations, and the aforesaid pecksniffs may take a hop, skip and a jump and go to *Hades*. No editor, no medical journal was ever attacked primarily in these columns (indeed the space has been occupied with kind words and happy thoughts uniformly) only in defense was ever a severe or sarcastic line presented. A few times when attacked proper resentment has been made, possibly at the cost of dignity, but when in a resentful mood but few men can be perfectly dignified. I do not pretend to be perfect any time, much less so when irritated by the proddings of "Gad flies," indeed up to date I know of but two people who claim to be infallible, one is the Pope of Rome and the other is the censorious, hypercritical "instructor of writers" in the Quaker city—but so far as he and his suburban satellites of the Buckeye and Hoosier States and all the other breakers of the eleventh commandment interested in the conduct of the *Medical Mirror* are concerned, they may *gnaw a file*. They are fortunate in having been able to work the members of their local medical profession to the extent of getting them to put up the money necessary to run their respective medical journals, and the interests of their employers should prompt them to "keep busy" minding their own business. They had better have a care lest those who hire them should call them down or fire them.

In the meantime the editor of the *Medical Mirror* will continue to write as he feels, though he will try to feel right, and he asks all his contributors and other medical editors to do the same thing.

[Why, this is just simply orful! The Editor

of the *Mirror* must have been dropped from some commercially conducted medical college, or removed from office in his national medical society by the power of elbow-grease, and things. If he isn't careful he will get the reputation of the editor of the AMERICAN HOMEOPATHIST of being a most contentious party, always looking for the weak spot in some other fellow's armor. He knows, as we do, and as every good editor knows, that when a scallawag is hit he makes a lot of noise. It does not matter how many good things an editor-man says of that doctor, he never hears from him. But let some little line creep into an editorial or a letter be printed that seems to impugn the virtue or technique of this same fellow, then mark how the horizon becomes overspread with clouds! We agree substantially with Brother Love in his declaration above made. We find that the profession is very tired of these blanket-sheet editorials, which talk much—take up much paper room—but say nothing. And the little text-book essays, with the author's vignette as an initial letter, are gentle ticklers of that author's egotism and may bring in a new subscription. But above all deliver us from the technique fellow, who reports every surgical operation he has the good fortune to attend and then reprints and sends it throughout the length and breadth of the land, even to the laity. Better a few pages of "quick" English than a half hundred pages of "dead" matter—copied or rehashed from old-school literature.]

### ***Behold How Good and How Pleasant!***

A most extraordinary suit is now pending in the Superior Court of the city of Boston, says the Charlotte (N. C.) *Medical Journal*.

Mrs. J. C. Woodbury is suing Mrs. Eddy, of Christian Science fame, for defaming her character, and sets the amount of damages at \$150,000. . . . But it seems that the said Mrs. Eddy was not sufficiently amused in carrying on her work as indicated, but took occasion parenthetically to refer Mrs. Woodbury to the seventeenth chapter of Revelations where she would find herself described as the scarlet woman in language at once accurate and complete. We have thought for some time that the men who drove stakes for a circus tent held the record for calling each other names, but they

are evidently outclassed by the Christian Scientists, and the cup should go by all means to Mrs. Eddy. . . To a calm and dispassionate onlooker it seems that Mrs. Woodbury should not be too hard on her lady, for if a damaged stomach is simply a delusion, why is not a damaged character only the figment of a disordered imagination?

We would suggest that if Mrs. Woodbury will sit down and think she is not hurt for ten minutes three times a day immediately after meals in a glass of warm water, she will be all right in a short time.

[Well, well, so the dear loving Christian Scientist sisters are taking a fall or two out of each other with alopecia accompaniments! This is better by far than Mark Twain's recent alleged funny deal with the female bonesetter as set forth in the *Cosmopolitan*. There will doubtlessly be some racy disclosures if this case ever gets into court. But they rarely ever do. If these twain were men we would call their little game a bluff. All they want is the hysterical notoriety attaching to the newspaper publicity, and as they have gotten that, they will likely enough drop the whole thing. But when it comes to langwidge—the real old-fashioned kind—the kind used between female neighbors, over the back fence, in the early dawn, concerning the surreptitious deposit of a defunct cat in the back yard of the one—commend us to two highly organized, nervous, Christian, God-fearing women, the one of whom parades herself as the female representative of God to complete the work of Christ!]

### ***The Doctor's Bill Should be Paid.***

"It is an amazing fact that of all bills sent to a family, that of the doctor is in hundreds of families the last one to be paid; and in more cases than it is pleasant to contemplate it is never paid at all," writes Edward Bok in the October *Ladies' Home Journal*. "I have recently gone to the trouble to make some inquiries into this matter, and have been astounded to find that not one-fourth of the bills sent by doctors are paid with anything like promptness. There is a quickening of the conscience, a simple realization of a proper sense of duty, needed in this matter. It is high time, in the case of hundreds of families, that this matter should be brought home to their sense of fairness and justice. And as with them the doc-

tors have for so many years been the last to receive their due in the payment of their bills, it would be only simple justice that hereafter 'the last shall be first.' No worker in the field of human industry deserves better at the hands of the people whom he serves than the doctor, and to pay his fee promptly and cheerfully is the least we can do for the service which he gives us."—*The Syracuse Clinic*.

[If there's anything we have said about *The Ladies' Home Journal* in the past that we are sorry for, we are glad of it, and now take it all back—promising to be good. For if the dear sisters of the household take it into their pretty heads to have the doctor paid, then there is hope still for our profession.]

### ***Back Sliding in Cleveland.***

Many of the homeopathic journals have been for some time, and still are, raising a great hue and cry because some sixteen homeopaths in Cleveland, O., recently received diplomas from an old-school college, intimating that it was an indication that homeopathy was going to the "demnition bowwows" and all that sort of rot.

Now, to us, it seems very possible, and quite probable, that this particular old-school college needed a graduating class, and further, we will venture a guess that if the truth be known that the fees charged the sixteen alleged back sliders were not at all excessive, nor were the requirements for attendance on lectures at all onerous. In fact we doubt not that if the editors who have raised the hue and cry were offered old-school diplomas on similar terms, they would jump at the chance—we would most assuredly.—*Minneapolis Homeopathic Magazine*.

[Here's another county heard from! Somebody's still voting for Jackson! And are you sure that it happened in Cleveland? Funny about that. We live in Cleveland ourself and we don't remember anything about it. Must be some mistake. When we have a little leisure we will go down into the city and make some inquiries. But say, Handsome C. Aldrich—do hurry home, and bring your journal up to within seven or three weeks of present time.

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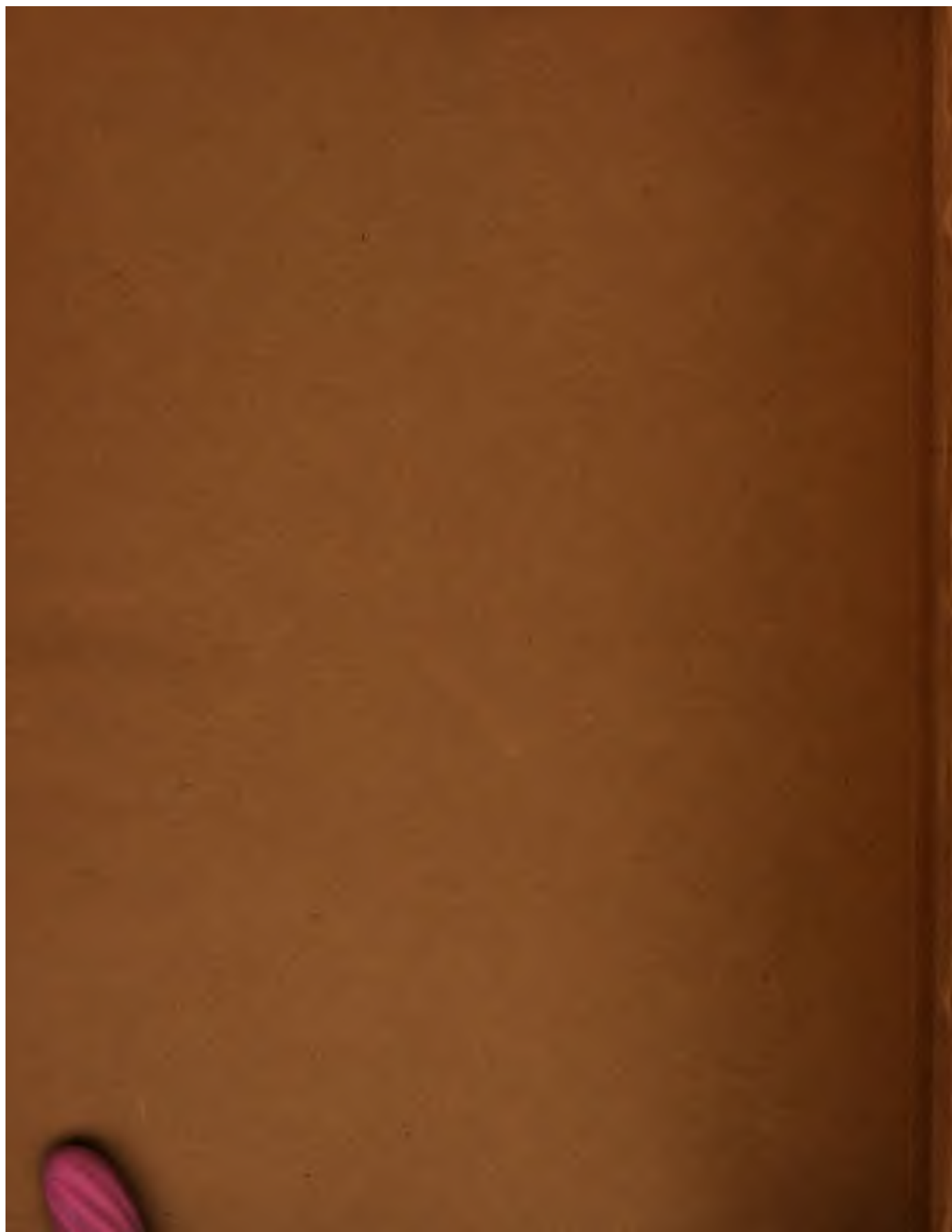
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